

Fill in this information to identify the case:

Debtor name Jills Office LLCUnited States Bankruptcy Court for the: _____ District of Utah
(State)
Case number (If known): 25-21625 Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ <u>0.00</u>		
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>America First</u>	<u>Checking</u>	<u>1</u> <u>5</u> <u>4</u> <u>7</u>	\$ <u>2320.62</u>
3.2. <u>America First</u>	<u>Savings</u>	<u>1</u> <u>5</u> <u>4</u> <u>7</u>	\$ <u>1.00</u>
4. Other cash equivalents (Identify all)			
4.1. <u>HSW check reimbursement</u>			\$ <u>4,013.61</u>
4.2. _____			\$ _____
5. Total of Part 1	\$ <u>6335.23</u>		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Last months rent for Boyer pre-payment	\$ 19,000
8.2. Event Venue Copper Nickel	\$ 4034.34

9. Total of Part 2. see additional sheet

Add lines 7 through 8. Copy the total to line 81.

\$ 25,259.44

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

11. Accounts receivable

	Current value of debtor's interest
11a. 90 days old or less: face amount	\$ 14,424.17
11b. Over 90 days old: face amount	\$ 0.00

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 14,424.17

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1.		\$
14.2.		\$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1.	%	\$
15.2.	%	\$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1.		\$
16.2.		\$

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

Debtor

Name

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

No

Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No

Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Chairs, couches, cabinets, bookshelves, desks, cubicles, refrigerators	\$ _____	fair market value	\$ 10,200
40. Office fixtures Studio Lights	\$ _____	fair market value	\$ 300.00
41. Office equipment, including all computer equipment and communication systems equipment and software Computers, monitors, mice, headsets, camera, keyboards, printers, tv's	\$ _____	fair market value	\$ 25,975.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	\$ _____		
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____
43. Total of Part 7.			\$ 36,475

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Call center- 960 W. White Dr.	lease	\$ 0		\$ 0
55.2		\$ _____		\$ _____
55.3		\$ _____		\$ _____
55.4		\$ _____		\$ _____
55.5		\$ _____		\$ _____
55.6		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Registered trademark for 'Jill's Office' used in connection with administrative and phone answering services	\$ 0.00	Estimated fair market value based on brand usage, revenue association, and cost to develop	\$ 2,000
61. Internet domain names and websites "Collection of approximately 35 internet domain names, including jillsoffice.com and other brand-related domains used for administrative service business and future branding initiatives."	\$ 0.00	Estimated fair market value based on resale value and branding potential	\$ 6,100
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations Customer list of 697 active and 946 total clients, used in connection with recurring administrative and phone answering services.	\$ _____	5% of projected annual revenue based on recurring service relationships and list quality.	\$ 200,000
64. Other intangibles, or intellectual property Proprietary in-house call-handling and admin task software developed for internal use by Jill's Office	\$ _____	Replacement cost, discounted for internal-use-only software with limited resale value.	\$ 12,000
65. Goodwill	\$ _____		\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 220,100

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → \$ _____ doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax loss - \$204,922

Tax Loss - \$289,213

Taxable Income - \$132,807

Tax year	2021	\$	\$0
Tax year	2022	\$	\$0
Tax year	2023	\$	\$0

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Dispute with business partners involving claims related to company mismanagement with Rob Phelps vs Brant & Autumn Thurgood. Litigation pending.

unknown

_____ \$ _____

Nature of claim

"The Thurgoods value the suit at \$0, and Phelps values it at \$750,000"

Amount requested

\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim

Amount requested

\$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

_____ \$ _____.0____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 6,335.23	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 25,259.44	
82. Accounts receivable. Copy line 12, Part 3.	\$ 14,424.17	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 36,375	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9.	\$ 220,100	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ _____	+ 91b. \$ _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 266,118.84

Jill's Office, LLC 25-21625

Supplement to Schedule A/B

Part 1 Cash and Cash Equivalents

3.3 America First Checking 9574 -2248.02
3.4 America First Savings 9574 \$6.14

Part 2: Deposits and Prepayments

8.3 Chicas Tacos \$913.80
8.4 Canva (Pre-paid) until July 30.00
8.5 Streamyard 431.88 cancelled but access to it for the year
8.6 Figma 849.42 cancelled but access to it for the year

Part 7:

Computer Chairs	100	30	\$3,000.00	furniture
Couches	8	\$100	\$800	furniture
Sitting Chairs	10	\$25	\$250	furniture
Filing Cabinets	10	\$30	\$300	furniture
Bookshelves	10	\$20	\$200	furniture
Standing Desks	16	\$100	\$1,600	furniture
Cubicles	50	\$75	\$3,750	furniture
Desks	1	\$100	\$100	furniture
Refrigerators	2	\$100	\$200	furniture
			\$10,200.00	
Computers	92	\$100	\$9,200	computers equipment
Monitors	285	\$30	\$8,550	computers equipment
Keyboards	120	\$5	\$600	computers equipment
Mice	120	\$5	\$600	computers equipment
Headsets	140	\$15	\$2,100	computers equipment
Laptops	22	\$150	\$3,300	computers

				equipment
Printers	8	\$50	\$400	computer equipment
camera	1	1000	\$1,000.00	computers equipment
TVs	3	\$75	\$225	computers equipment
			\$25,975.00	
lights	3	100	\$300.00	fixtures

Part 10: Intangibles

61.

🌐 Domain Name Valuation Chart for Schedule A/B – Part 10, Line 61

Domain Name	Estimated Value
Tier 1 – Core Business & Brand Domains	
jillsoffice.com	\$1,500
jillsoffice.io	\$500
jillsoffice.ai	\$750
jillsoffice.app	\$300
jillchat.com	\$300
jillphone.com	\$250
cheetahcalls.com	\$200

mydedicatedadmin.com	\$250
adminproacademy.com	\$150
milliondollaradmin.com	\$150
collectivestrong.com	\$150
smartprospector.net	\$150
smartpostman.net	\$150
jillsofficehub.com	\$100
Tier 1 Subtotal	\$5,500

Tier 2 – Supporting & Duplicate Domains

jillsoffice.net	\$50
jillsoffice.live	\$25
jillsoffice.co	\$25
jillsoffice.pro	\$25
jills-office.com	\$25
jillsofficechat.com	\$25
collectivestrong.org	\$25
collectivestrong.net	\$25
bettertogethers.us	\$25

freedomfreaks.org	\$25
freedomfreaks.live	\$25
mydedicatedadmin.org	\$25
mydedicatedadmin.net	\$25
mydedicatedadmin.info	\$25
proactivehomeutah.org	\$25
proactivehomeutah.info	\$25
proactivehomeutah.com	\$25
proactivehomesutah.com	\$25
proactivehomemaintence.net	\$10
proactivehomemaintence.info	\$10
proactivehomemaintence.com	\$25
smartoffice.help	\$25
responsijill.com	\$25
Tier 2 Subtotal	\$600
Total Estimated Value (All Domains)	\$6,100

Fill in this information to identify the case:

Debtor name Jill's Office, LLC _____
 United States Bankruptcy Court for the: _____ District of Utah _____
 (State)
 Case number (If known): 25-21625

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

CFT Clear Finance Technology Corp.

Describe debtor's property that is subject to a lien

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
\$ 90,000	\$ 0

Creditor's mailing address33 Younge Street, Suite 1302
Toronto, ON M5E 1G4, Canada

XXXXXXXXXXXXXX

\$ 90,000 \$ 0

All assets including accounts

Creditor's email address, if known

payments@clear.co

Describe the lien
Filed UCC**Date debt was incurred**Last 4 digits of account
number

Is the creditor an insider or related party?

 No YesDo multiple creditors have an interest in the
same property? No Yes. Specify each creditor, including this creditor,
and its relative priority.

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H).

- Priority:
 1. Stripe Servicing, Inc.
 2. U.S. Small Business Administration
 3. Northeast Bank
 4. Nebula Financing LLC
 5. Premium Merchant Funding 26, LLC
 6. Elite Funding
 7. USA
 8. CFT Clear Finance Technology Corp.
 9. Daytona Funding Solutions
 10. Smart Business
 11. Kings Funding Group
 12. Thurgood Family Trust
 13. Highland Hills
 14. LevelEx Funding
 15. Novac Equities
 16. OnDeck Capital
 17. Fundbox

See notation to right

—

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Daytona Funding Solutions Corporation

Describe debtor's property that is subject to a lien

\$ 117,000 \$ 0

XXXXXXXXXXXXXX

Creditor's mailing address

266 Broadway, Ste. 401

Brooklyn, NY 11211

All Assets including accounts

Creditor's email address, if known

Chris@thedaytonafunding.com

Describe the lien
Filed UCC**Date debt was incurred**

Jan 2025

Is the creditor an insider or related party?

 No YesLast 4 digits of account
number

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H).Do multiple creditors have an interest in the
same property?

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

—

 Yes. The relative priority of creditors is
specified on lines 2.13. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional
Page, if any.

\$ 3,116,720.20

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
• Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3 Creditor's name <input type="text"/> Elite Funding _____	Describe debtor's property that is subject to a lien <input type="text"/> XXXXXXXX XXXXXXXXXXXXXX XXXXXXX All assets including accounts \$ 80,000 \$ 0		
Creditor's mailing address 500 W. Putnam Avenue, Suite 400 Greenwich, CT 06830			
Describe the lien Filed UCC			
Creditor's email address, if known <input type="text"/> collections@toptiercap.org _____			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date debt was incurred 1/2025 Last 4 digits of account number _____			
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			
2.4 Creditor's name <input type="text"/> Fundbox Capital _____			
Describe debtor's property that is subject to a lien <input type="text"/> accounts \$ 40,000 \$ 0			
Creditor's mailing address <input type="text"/> 5760 Legacy Dr. Ste. B3-535 <input type="text"/> Dallas, TX 75024			
Describe the lien Filed UCC			
Creditor's email address, if known <input type="text"/> payments@email.fundbox.com _____			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date debt was incurred _____ Last 4 digits of account number _____			
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
• Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.5 Creditor's name <input type="text" value="Galt Funding Co."/> Creditor's mailing address <input type="text" value="10214 Bluff Rd."/> <input type="text" value="Eden Prairie, MN 55347-5004"/> Creditor's email address, if known <input type="text" value="collections@acerecoverygrp.com"/> Date debt was incurred <input type="text" value="unknown"/> Last 4 digits of account number <input type="text" value="_____"/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="text" value="_____

_____"/> <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien <input type="text" value="Accounts"/> <input type="text" value="\$ 40,000"/> <input type="text" value="\$ 0"/> Describe the lien <input type="text" value="UCC"/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.6 Creditor's name <input type="text" value="Highland Hills"/> Creditor's mailing address <input type="text" value="86 Chambers St, Ste. 205"/> <input type="text" value="New York, NY 10007"/> Creditor's email address, if known <input type="text" value="gabe@mendelberglaw.com"/> Date debt was incurred <input type="text" value="_____"/> Last 4 digits of account number <input type="text" value="_____"/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. Unknown- UCC likely filed through generic filer like CT Corporation <input type="text" value="_____

_____"/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien <input type="text" value="accounts"/> <input type="text" value="\$ 171,000"/> <input type="text" value="\$ 0"/> Describe the lien <input type="text" value="UCC"/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.7	Creditor's name King's Funding Group	Describe debtor's property that is subject to a lien all tangible and intangible assets	\$ 60,000	\$ 0
Creditor's mailing address 4441 Purves St., Spt. 2303 Long Island City, NY 11101-2993				
Creditor's email address, if known daniil@kingsfundinggroup.com		Describe the lien UCC		
Date debt was incurred 3/14/2025		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Creditor's name LevelEx Funding		Describe debtor's property that is subject to a lien accounts	\$ 10,000	\$ 0
Creditor's mailing address 1274 49th St. Pmb #665 Brooklyn, NY 11219				
Creditor's email address, if known admin@levelexfunding.com		Describe the lien UCC- presumably		
Date debt was incurred unknown		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. Priority unknown; UCC likely filed in generic name like CT Corporation <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.9 Creditor's name

Nebula Financing LLC

Describe debtor's property that is subject to a lien

accounts, general intangibles

\$ 0

\$ 0

Creditor's mailing address

3200 Bristol St. Ste. 690

Costa Mesa, CA 92626

Describe the lien

UCC

Creditor's email address, if known**Is the creditor an insider or related party?**

- No
 Yes

Date debt was incurred _____

Is anyone else liable on this claim?

- No

_____ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines 2.1 _____

2.10 Creditor's name

Northeast Bank

Describe debtor's property that is subject to a lien

accounts, machinery, equipment, etc.

\$ unknown

\$ unknown

Creditor's mailing address

One Marina Park Dr. Floor 8

Boston, MA 02210

Describe the lien

UCC

Creditor's email address, if known**Is the creditor an insider or related party?**

- No
 Yes

Date debt was incurred Oct. 2024

Is anyone else liable on this claim?

- No

_____ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines 2.1 _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.11	Creditor's name OnDeck Capital _____	Describe debtor's property that is subject to a lien accounts _____ \$ 23,000 _____ \$ 0 _____
Creditor's mailing address		
4700 W. Daybreak Pkwy, Ste. 200 South Jordan, UT 84009		
Creditor's email address, if known scooley@enova.com		
Date debt was incurred unknown		
Last 4 digits of account number _____		
Do multiple creditors have an interest in the same property?		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/>		
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		
2.12	Creditor's name Premium Merchant Funding 26, LLC _____	Describe debtor's property that is subject to a lien accounts _____ \$ 40,000 _____ \$ 0 _____
Creditor's mailing address		
55 Water St, 50th Fl. New York, NY 10041		
Creditor's email address, if known info@pmfus.com		
Date debt was incurred Dec. 2024		
Last 4 digits of account number _____		
Do multiple creditors have an interest in the same property?		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/>		
Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

<p>2.13 Creditor's name Smart Business</p> <p>Creditor's mailing address 561 NE 79th Street Miami, FL 33138</p> <p>Creditor's email address, if known muretta@tritonrecoveryllc.com</p> <p>Date debt was incurred Mar. 2025</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Accounts \$ 11,407 \$ 0</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>
<p>2.14 Creditor's name Stripe Servicing, Inc.</p> <p>Creditor's mailing address 199 Water St., Floor 30 New York, NY 10038</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred July 2023</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1</p>	
<p>Describe debtor's property that is subject to a lien</p> <p>accounts \$ 7,293.58 \$ 7,293.58</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.15 Creditor's name

Thurgood Family Trust

Describe debtor's property that is subject to a lien

All tangible and intangible assets

\$ 1,900,019.62

\$ 0

Creditor's mailing address1889 S 910 W Unit B
Syracuse, UT 84075**Describe the lien**
UCC**Creditor's email address, if known****Is the creditor an insider or related party?**

No
 Yes

Date debt was incurred**Is anyone else liable on this claim?**

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines 2.1

2.16 Creditor's name

U.S. Small Business Administration

Describe debtor's property that is subject to a lien

All assets including accounts

\$ 527,000

\$ 527,000

Creditor's mailing address1545 Hawkins Blvd. Suite 202
El Paso, TX 79925**Describe the lien**
UCC**Creditor's email address, if known**

john.gygi@sba.gov

Is the creditor an insider or related party?

No
 Yes

Date debt was incurred

Nov. 2021

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines 2.1

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
• Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.17 Creditor's name

USA _____

Describe debtor's property that is subject to a lien

Accounts Receivable _____ \$ 0 _____ \$ 0 _____

Creditor's mailing address1274 49th St., #197
Brooklyn, NY 11219**Describe the lien**
UCC _____**Creditor's email address, if known**

Is the creditor an insider or related party?

- No
 Yes

Date debt was incurred January 2025**Last 4 digits of account number** _____**Is anyone else liable on this claim?**

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

2.18 Creditor's name

Samson MCA LLC _____

Describe debtor's property that is subject to a lien

accounts _____ \$ 0 _____ \$ 0 _____

Creditor's mailing address17 State St. Ste. 630
New York, NY 10004**Describe the lien**
UCC _____**Creditor's email address, if known**

astrid@bblawpllc.com

Is the creditor an insider or related party?

- No
 Yes

Date debt was incurred 9/2023**Last 4 digits of account number** _____**Is anyone else liable on this claim?**

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.
Notice only; no debt owed

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

Debtor

Jill's Office, LLC

Name

Case number (*if known*) 25-21625

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor Jill's Office LLC

United States Bankruptcy Court for the: _____ District of Utah
(State)

Case number 25-21625
(If known)

Check if this is an
amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <u>Argyle, Savannah</u> <u>44 S Bonneville Ln</u> <u>Kaysville, UT 84037</u>	As of the petition filing date, the claim is: <u>\$1,147.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,147.10</u>
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid wages earned pre-petition</u>	
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
2.2	Priority creditor's name and mailing address <u>Baird, Ashlee</u> <u>1133 Custer Ave</u> <u>Ogden, UT 84404</u>	As of the petition filing date, the claim is: <u>\$1,064.98</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,064.98</u>
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid wages earned pre-petition</u>	
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
2.3	Priority creditor's name and mailing address <u>Barlow, Berkley</u> <u>147 W 5050 S</u> <u>Ogden, UT 84405</u>	As of the petition filing date, the claim is: <u>\$1,580.29</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,580.29</u>
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid wages earned pre-petition</u>	
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
24	Priority creditor's name and mailing address Bateman, Emily 1012 Grants Ln Syracuse, UT 84075	\$ 2,131.24	\$ 2,131.24
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
25	Priority creditor's name and mailing address Bateman, Loren 1012 Grants Ln Syracuse, UT 84075	\$ 1,403.42	\$ 1,403.42
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: unpaid wages earned pre-petition		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
26	Priority creditor's name and mailing address Blomquist, Ricky 106 Hockey Puck Way Benson, NC 27504	\$ 1312.86	\$ 1312.86
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: unpaid wages earned pre-petition		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
27	Priority creditor's name and mailing address Bontrager, Alyson 711 N 1250 W Clearfield, UT 84015	\$ 1,315.23	\$ 1,315.23
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: unpaid wages earned pre-petition		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>2.8</u>	Priority creditor's name and mailing address Brinker, Heather 1437 North 250 West Layton, UT 84041	\$3575.87	\$3575.87
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 12/31/24	Basis for the claim: unpaid pre-petition IRA payments	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.9</u>	Priority creditor's name and mailing address Brower, Kristi 5180 S 2975 W Roy, UT 84067	\$3,078.73	\$3,078.73
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.10</u>	Priority creditor's name and mailing address Bybee, Jadan 1280 S 2900 W Ogden, UT 84401	\$5,618.76	\$5,618.76
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.11</u>	Priority creditor's name and mailing address Card, Holly 5542 S 4175 W Roy, UT 84067	\$4,510.52	\$4,510.52
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

212	Priority creditor's name and mailing address Carter, Jordan 221 W 800 N, APT 3 Clearfield, UT 84015	\$1,116.61	\$1,116.61
		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim: unpaid pre-petition wages	
Date or dates debt was incurred 3/27/25		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	
213	Priority creditor's name and mailing address Cash, Kacilyn 1600 N 1575 W Apt B103 Layton, UT 84041	\$1,075.62	\$1,075.62
		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim: unpaid pre-petition wages	
Date or dates debt was incurred 3/27/25		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	
214	Priority creditor's name and mailing address Castro, Alexis 690 N 3900 W Cedar City, UT 84721	\$1,251.74	\$1,251.74
		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim: unpaid pre-petition wages	
Date or dates debt was incurred 3/27/25		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	
215	Priority creditor's name and mailing address Cendajas, Brenda 3059 Ogden Ave Ogden, UT 84401	\$1,757.83	\$1,757.83
		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim: unpaid pre-petition wages	
Date or dates debt was incurred 3/27/25		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>216</u>	Priority creditor's name and mailing address Cervantes, Laura 5933 S 2875 W Roy, UT 84067	\$1,298.90	\$1,298.90
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>217</u>	Priority creditor's name and mailing address Collins, Pam 6019 S Wasatch Drive Apt A301 South Ogden, UT 84403	\$685.57	\$685.57
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>218</u>	Priority creditor's name and mailing address Conrad, Jennifer 5000 S 1900 W APT 27 Roy, UT 84067	\$1,223.40	\$1,223.40
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>219</u>	Priority creditor's name and mailing address Cozzens, Michael 2155 Grant Ave Apt 121 Ogden, UT 84401	\$1,256.05	\$1,256.05
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>220</u>	Priority creditor's name and mailing address Dangel, Bailey 2702 W 4375 S Roy, UT 84067	\$1,012.80	\$1,012.80
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>221</u>	Priority creditor's name and mailing address Delgado, Mariah 1807 W 4650 S Roy, UT 84067	\$1,314.27	\$1,314.27
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>222</u>	Priority creditor's name and mailing address Dental Insurance Ameritas Life Insurance Corp PO BOX 650730 Dallas TX, 75265-0730	\$3,301.90	\$3,301.90
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Jan-March 2025	Basis for the claim: unpaid dental benefit contribution pre-petition	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)		
<u>223</u>	Priority creditor's name and mailing address Diaz, Cynthia 8483 SW Hemlock St,Apt A Portland, Oregon 97223 -5835	\$ 494.2	\$ 494.2
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 12/31/24	Basis for the claim: unpaid pre-petition IRA payment	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>24</u>	Priority creditor's name and mailing address Erickson, McKenna 1180 W 1600 N AptB1 Layton, UT 84041	\$1,329.74	\$1,329.74
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>25</u>	Priority creditor's name and mailing address Fernandez, Samaria 1015 S 550 W Tremonton, UT 84337	\$1,347.89	\$1,347.89
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/27	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>26</u>	Priority creditor's name and mailing address Finger, Amanda 231 W 12th St APT 228 Ogden, UT 84404	\$1,300.99	\$1,300.99
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>27</u>	Priority creditor's name and mailing address Gasu, Cassidy 1784 N 350 W Layton, UT 84041	\$1,182.97	\$1,182.97
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>28</u>	Priority creditor's name and mailing address Gordon, Paige 2620 N Commerce Ave Cedar City, UT 46 84721	\$ 2,599.62	\$ 2,599.62
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>29</u>	Priority creditor's name and mailing address Grey, Kayden 427 27th St, Unit 2 Ogden, UT 84401	\$ 1,582.18	\$ 1,582.18
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>30</u>	Priority creditor's name and mailing address Guitarrez, Diana 1672 S 225 W Clearfield, UT 84015	\$ 1,270.39	\$ 1,270.39
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>31</u>	Priority creditor's name and mailing address Hansen, Kyler 510 W 550 N Logan, UT 84321	\$ 3109.6	\$ 3109.6
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition IRA payments	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

<u>2.32</u> Priority creditor's name and mailing address	\$ <u>\$6,230.40</u>	\$ <u>\$6,230.40</u>
Heiner, Jennifer 1022 Collins Blvd Ogden, UT 84404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.33</u> Priority creditor's name and mailing address	\$ <u>\$1,091.17</u>	\$ <u>\$1,091.17</u>
Hess, Thomas 1672 S 225 W Clearfield, UT 84015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: unpaid pre-petition wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.34</u> Priority creditor's name and mailing address	\$ <u>\$1,562.50</u>	\$ <u>\$1,562.50</u>
Hoffman, Stephanie 4111 W 25 N Cedar City, UT 84720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: unpaid pre-petition wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.35</u> Priority creditor's name and mailing address	\$ <u>\$1,428.41</u>	\$ <u>\$1,428.41</u>
Holguin, Alyssa 2370 S 500 W Clearfield, UT 84015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: unpaid pre-petition wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2.30 Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 200,000	\$ 200,000
Date or dates debt was incurred Q1 for 2025	Basis for the claim: Estimated Q1 2025 federal employment taxes (Form 941) – wages earned pre-petition		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.31 Priority creditor's name and mailing address Jeppesen, Michelle 1921 W 550 N West Point, UT 84015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1500	\$ 1500
Date or dates debt was incurred 12/31/24	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
2.38 Priority creditor's name and mailing address Johnson, Sarah 740 Plummer Rd NW Apt 12017 Huntsville Al, 35806	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,562.50	\$ 1,562.50
Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
2.39 Priority creditor's name and mailing address Johnson, Elizabeth 1921 W 550 N West Point, UT 84015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1080	\$ 1080
Date or dates debt was incurred 12/31/24	Basis for the claim: unpaid IRA payments		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
40	Priority creditor's name and mailing address Laiez, Giselle 2370 S 500 W Clearfield, UT 84015	\$1,502.46	\$1,502.46
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
41	Priority creditor's name and mailing address Loertscher, Angela 2583 Remuda Dr Ogden, UT 84404	\$963.67	\$963.67
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
42	Priority creditor's name and mailing address Madrigal Garcia, Maura 1065 Wall Ave, Trir 111 Ogden, UT 84404	\$1,025.01	\$1,025.01
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
43	Priority creditor's name and mailing address Martinez, Herlinda 2270 S 1100 W Apt A114 Ogden, UT 84404	\$1,136.61	\$1,136.61
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>2.44</u>	Priority creditor's name and mailing address Martinez, Sara 8620 W Bowie Dr Magna, Dr 84044	\$ <u>1,179.02</u>	\$ <u>1,179.02</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.45</u>	Priority creditor's name and mailing address Maughan Jessa 4285 N. Thanksgiving Way Lehi, UT 84043	\$ <u>2081.88</u>	\$ <u>2081.88</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>12/31/24</u>	Basis for the claim: <u>unpaid pre-petition IRA payments</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.46</u>	Priority creditor's name and mailing address Mcclure, Kaia 3566 Brookshire Dr Syracuse, UT 84075	\$ <u>1,003.02</u>	\$ <u>1,003.02</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2.47</u>	Priority creditor's name and mailing address McCully, Lacey 236 N Harrison Blvd Ogden, UT 84404	\$ <u>897.88</u>	\$ <u>897.88</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>2.</u> <u>48</u> Priority creditor's name and mailing address		\$1,369.31	\$1,369.31
Mick, Ryan 314 E 38th St Ogden, UT 84405	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
<u>2.</u> <u>49</u> Priority creditor's name and mailing address		\$817.63	\$ 817.63
Milosevic, Cassie 165 Patterson St Ogden, UT 84401	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/25/27	Basis for the claim: Unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
<u>2.</u> <u>50</u> Priority creditor's name and mailing address		\$1,368.00	\$1,368.00
Mojica, Raquel 1168 W 2250 N Clearfield, UT 84015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
<u>2.</u> <u>51</u> Priority creditor's name and mailing address		\$30,264.82	\$ 15,114.82
Morgan, Jalan 20 Hurricane Aly Benson, NC 27504	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 1/8/25 payroll, and Q1 of 2025	Basis for the claim: Unpaid pre-petition wages and IRA payments		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>252</u>	Priority creditor's name and mailing address Owens, Teriann 174 E Gordon Ave Layton, UT 84041	\$1,438.61	\$1,438.61
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: _____ _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>253</u>	Priority creditor's name and mailing address Padalkar, Sarang Suhas 6701 S Custer Rd Apt 6115 Mckinney TX, 75070	\$8,131.17	\$8,131.17
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid wages and employer benefit contributions (IRA) through 2025 _____ _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>254</u>	Priority creditor's name and mailing address Parkinson, Keegan 3474 Adams Ave Ogden, UT 84403	\$2,910.72	\$2,910.72
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages and missing IRA payments _____ _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
<u>255</u>	Priority creditor's name and mailing address Pattison, Abigail 188 N 4875 W Clearfield, UT 84015	\$662.98	\$662.98
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: unpaid pre-petition wages _____ _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
256	Priority creditor's name and mailing address Peck, Tabatha 2437 N Charleston Ave Ogden, UT 84414	\$ <u>1,307.33</u>	\$ <u>1,307.33</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
257	Priority creditor's name and mailing address Rankin, Hope 446 30th St Ogden, UT 84404	\$ <u>1,157.80</u>	\$ <u>1,157.80</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
258	Priority creditor's name and mailing address Regence BlueCross BlueShield	\$ <u>30,000</u>	\$ _____
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>March 2025</u>	Basis for the claim: <u>unpaid employee medical</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)		
259	Priority creditor's name and mailing address Reynolds, Simeon 1318 23Rd St Ogden, UT 84401	\$ <u>15903.84</u>	\$ <u>753.84</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>Q4 of 2024 & Jan 2025</u>	Basis for the claim: <u>unpaid IRA paymnets</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>60</u>	Priority creditor's name and mailing address Rigby, Mary 1983 N 325 W Harrisville, UT 84414	\$ <u>1,300.03</u>	\$ <u>1,300.03</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>61</u>	Priority creditor's name and mailing address Rivera, Nicole 1336 West 2000 North Clinton, UT 84015	\$ <u>9,265.90</u>	\$ <u>9,265.90</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition and IRA payments</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>62</u>	Priority creditor's name and mailing address Rojas, Gwendalyn 102 E 2200 S Clearfield, UT 84015	\$ <u>2,708.60</u>	\$ <u>2,708.60</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages and IRA payments</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>63</u>	Priority creditor's name and mailing address Rojas, Jennifer 1672 S 225 W Clearfield, UT 84015	\$ <u>2,923.51</u>	\$ <u>2,923.51</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages and IRA payments</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>264</u>	Priority creditor's name and mailing address Romero, Shalees 413 North 700 West Clearfield, UT 85015	\$ <u>3,015.55</u>	\$ <u>3,015.55</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages and IRA payments</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>265</u>	Priority creditor's name and mailing address Roper, Samantha 1745 E 5650 S Ogden, UT 84403	\$ <u>1,409.91</u>	\$ <u>1,409.91</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>266</u>	Priority creditor's name and mailing address Routson, Anna 1353 Cahoon St Ogden, UT 84401	\$ <u>1,618.34</u>	\$ <u>1,618.34</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>267</u>	Priority creditor's name and mailing address Schryver, Amanda 1459 E 2800 N Layton, UT 84401	\$ <u>1,404.23</u>	\$ <u>1,404.23</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
68 2. Priority creditor's name and mailing address		\$1,317.26	\$1,317.26
Shaughnessy, Lincoln 796 Kirk St Layton, UT 84041	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
69 2. Priority creditor's name and mailing address		\$1,129.42	\$1,129.42
Sieverts, Emily 840 28th St Ogden, UT 84403	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
70 2. Priority creditor's name and mailing address		\$1,244.23	\$1,244.23
Silos, Levi 3059 Ogden Ave Ogden, UT 84401	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
71 2. Priority creditor's name and mailing address		\$1500	\$1500
Smith, Jacqueline 1041 E 3300 N North Ogden, UT 84414	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
72	Priority creditor's name and mailing address Vaughn, Abigail 3647 S 1930 W, Unit 48 Roy, UT 84067	\$ 829.98	\$ 829.98
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
73	Priority creditor's name and mailing address Vezzani, Timothy 132 S. Dry Creek Lane Orem UT, 84059	\$ 600	\$ 600
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 1/8/25	Basis for the claim: Unpaid pre-petition HSA payment	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
74	Priority creditor's name and mailing address Vigil, Keri 1124 W 450 N Clearfield, UT 84015	\$ 2,256.38	\$ 2,256.38
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/27/25	Basis for the claim: Unpaid pre-petition wages & IRA payments	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		
75	Priority creditor's name and mailing address Vision Insurance Ameritas Life Insurance Corp PO BOX 650730 Dallas TX, 75265-0730	\$ 3500	\$ 3500
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Q1 of 2025	Basis for the claim: Unpaid pre-petition vision employee benefit	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>276</u>	Priority creditor's name and mailing address Wagner, Mallory 1300 S 1800 E Apt C207 Clearfield, UT 84015	\$ <u>998.81</u>	\$ <u>998.81</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>277</u>	Priority creditor's name and mailing address Walker, Emily 153 W 750 N Clearfield, UT 84015	\$ <u>1,460.60</u>	\$ <u>1,460.60</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>278</u>	Priority creditor's name and mailing address Walters, Alexis 1550 S 1000 E Clearfield, UT 84015	\$ <u>1,264.70</u>	\$ <u>1,264.70</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>279</u>	Priority creditor's name and mailing address Woodruff, Korrie 1614 N 450 E Ogden, UT 84404	\$ <u>1,378.76</u>	\$ <u>1,378.76</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: <u>Unpaid pre-petition wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
<u>2. 80</u>	Priority creditor's name and mailing address Zieber, Isabel 117 S 100 W Cedar City, UT 84720	\$ <u>1,328.53</u>	\$ <u>1,328.53</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>3/27/25</u>	Basis for the claim: Unpaid pre-petition wages	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)		
<u>2. 81</u>	Priority creditor's name and mailing address Texas Workforce Commission Tax Department PO BOX 8870 Corpus Christi TX 78468-8870	\$ <u>540.05</u>	\$ _____
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>Dec 2024</u>	Basis for the claim: unpaid state employment taxes	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)		
<u>2. _____</u>	Priority creditor's name and mailing address _____	\$ _____	\$ _____
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
<u>2. _____</u>	Priority creditor's name and mailing address _____	\$ _____	\$ _____
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Amazon PO Box 81226 Seattle, WA 98108-1226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid product and supply purchases Date or dates debt was incurred 11/1/24 - 3/1/25 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,390.85
3.2	Nonpriority creditor's name and mailing address Blomquist Hale Consulting Group, Inc. 310 E 4500 S STE #570 Murray, UT 84107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid employee support and consulting services Date or dates debt was incurred Feb 2025, January 2025, August 2024, April 2024, March 2024, Feb 2024, Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,693.30
3.3	Nonpriority creditor's name and mailing address Capital Premium-Mtn Ridge Insurance 12235 S. 800 E. Draper, UT 84020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid commercial cyber insurance Date or dates debt was incurred Q1 2025 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4435.84
3.4	Nonpriority creditor's name and mailing address JMI Property Services 335 East St. George Blvd Ste 301 St. George Utah 84770	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid commercial rent for business location Date or dates debt was incurred Sep 2024 to March 2025 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 12,000
3.5	Nonpriority creditor's name and mailing address Comcast Corporation PO BOX 70219 Philadelphia PA 19176-0219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid internet and business services Date or dates debt was incurred unknown Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13818.24
3.6	Nonpriority creditor's name and mailing address EOS 5005 Lyndon B Johnson Fwy Dallas, TX 75244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid employee benefit Date or dates debt was incurred Jan & Feb 2025 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 694.66

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Google Ads and Cloud 1600 Amphitheatre Parkway Mountain View CA 94043		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 1276.45
			Basis for the claim: Unpaid google ads digital advertising services	
	Date or dates debt was incurred	Jan 2025	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.8	Nonpriority creditor's name and mailing address John T. Szalan / Cucumber 195 Church Street, 13th Floor, New Haven, CT 06510		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8400
			Basis for the claim: loan	
	Date or dates debt was incurred	2204	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.9	Nonpriority creditor's name and mailing address Meta San Francisco, CA 94104 United States of America		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15079.55
			Basis for the claim: Outstanding balance on Meta business credit line	
	Date or dates debt was incurred	Oct 2024-March 2025	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.10	Nonpriority creditor's name and mailing address NEC FINANCIAL SERVICES, LLC P.O. BOX 100558 PASADENA, CA, 911890558		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 28000
			Basis for the claim: Unpaid equipment financing lease	
	Date or dates debt was incurred	August 2023	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.11	Nonpriority creditor's name and mailing address Northwestern Mutual 805 East Mason Street Milwaukee, WI 53202		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2299.16
			Basis for the claim: Unpaid insurance for short term disability	
	Date or dates debt was incurred	Jan, Feb, March 2025	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address Paycore 4811 Montgomery Rd. Cincinnati, Ohio 45212	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$2472.45
Basis for the claim: <u>Unpaid payroll processing services</u>			
Date or dates debt was incurred		Jan & March 2025	Is the claim subject to offset?
Last 4 digits of account number		_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Robison Waste 2719 N. FAIRFIELD ROAD LAYTON, UT 84041	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$513.06
Basis for the claim: <u>Unpaid commercial waste removal services</u>			
Date or dates debt was incurred		_____	Is the claim subject to offset?
Last 4 digits of account number		_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Towne Storage Clearfield 280 S State Street Clearfield, UT 84015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$411.8
Basis for the claim: <u>Unpaid storage unit fees for storing cubicles</u>			
Date or dates debt was incurred		Jan, Feb, March 2025	Is the claim subject to offset?
Last 4 digits of account number		_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Twilio Inc 101 Spear Street, Suite 500 San Francisco CA 94105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,170.84
Basis for the claim: <u>Unpaid communications and messaging services</u>			
Date or dates debt was incurred		Jan, Feb, March 2025	Is the claim subject to offset?
Last 4 digits of account number		_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address VASA 1259 S. 800 E. Orem Utah 84097	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$237.06
Basis for the claim: _____			
Date or dates debt was incurred		Jan 2025	Is the claim subject to offset?
Last 4 digits of account number		_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address Zions Bank Outsource Receivables Management PO BOX 166 Ogden Ut 84402	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Business account overdraft sent to collections Basis for the claim: _____	\$ 951.44
	Date or dates debt was incurred Jan 2025	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.18	Nonpriority creditor's name and mailing address Zions Bank 1 South Main St Salt Lake City UT 84133-1109	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed "Funds from HELOC used for business operations – insider obligation Basis for the claim: _____	\$ 415,000
	Date or dates debt was incurred 07/27/24	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.19	Nonpriority creditor's name and mailing address Hanover Insurance PO Box 580045 Charlotte, NC 28258-0045	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Past due BOP and workers comp insurance Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3334.40
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3.20	Nonpriority creditor's name and mailing address Hartford Insurance One Hartford Plaza Hartford, CT 06155	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: past due life insurance Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1088
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3._____	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21	Nonpriority creditor's name and mailing address American Express P.O. Box 981531 El Paso TX 79998-1531		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 85,000
			Basis for the claim: Credit card for running business operations	
	Date or dates debt was incurred	The year of 2024	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.22	Nonpriority creditor's name and mailing address Chase Credit Card Mail Code LA4-7200, 700 Kansas Lane, Monroe, LA 71203.		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,000
			Basis for the claim: Credit card for running business operations	
	Date or dates debt was incurred	During the year of 2024	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.23	Nonpriority creditor's name and mailing address Newity PO Box 171679 Boston MA 02117		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 150,000
			Basis for the claim: _____	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.24	Nonpriority creditor's name and mailing address Ramp 28 West 23rd St. New York, NY 10010		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,000
			Basis for the claim: past due life insurance	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		
3.25	Nonpriority creditor's name and mailing address Finally 78 SW 7th Street Miami FL 33130		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 80,000
			Basis for the claim: _____	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	-----		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.26	Nonpriority creditor's name and mailing address Bill 5805 Sepulveda Blvd, 4th Fl Sherman Oaks, CA 91411	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Business account overdraft sent to collections	\$ 75,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Barket Epstein 666 Old Country Road, Suite 700 Garden City NY 11530	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ 30,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: past due life insurance	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ 418,822.80

5b. Total claims from Part 2

5b. + \$ 991,267.10

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 1,410,089.90

Fill in this information to identify the case:

Jill's Office

Debtor name _____
United States Bankruptcy Court for the: _____ District of Utah
(State)
Case number (If known): 25-21625 Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Business rental lease To conduct operations 9/1/28	Boyer Corporate Office 101 S. 200 E. Ste 200 Salt Lake City, UT 84111
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Business rental lease To conduct operations Ends August 2027	JMI Property Services 335 East St. George Blvd Ste 301 St. George Utah 84770
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BOP Insurance policy holder month to month	Hanover Insurance Company 440 Lincoln Street Worcester, MA 01653
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Workers Comp Insurance policy holder month to month	Hanover Insurance Company 440 Lincoln Street Worcester, MA 01653
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Simple IRA Account Policy holder month to month	Northwestern Mutual Life Insurance Company 720 E Wisconsin Ave Milwaukee, WI, 53202-4703, US

Debtor

Jill's Office, LLC

Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6 State what the contract or lease is for and the nature of the debtor's interest

Employee Life Insurance

Hartford

Policy Holder

One Hartford Plaza

State the term remaining

month to month

Hartford, CT 06155

List the contract number of any government contract

2.7 State what the contract or lease is for and the nature of the debtor's interest

Cyber Policy

Capital Premium Insurance

Policy holder

12235 South 800 East

State the term remaining

month to month

Draper, UT 84020

List the contract number of any government contract

2.8 State what the contract or lease is for and the nature of the debtor's interest

Dental Insurance

Ameritas

Policy Holder

PO BOX 81889

State the term remaining

month to month

Lincoln, NE 68501-1889

List the contract number of any government contract

2.9 State what the contract or lease is for and the nature of the debtor's interest

Vision Insurance

Ameritas

Policy holder

PO BOX 81889

State the term remaining

month to month

Lincoln, NE 68501

List the contract number of any government contract

2.10 State what the contract or lease is for and the nature of the debtor's interest

Medical Insurance

Regence BlueCross BlueShield

State the term remaining

Policyholder responsible for coverage

P.O. Box 1106

List the contract number of any government contract

Month to month

Lewiston, ID 83501

2.11 State what the contract or lease is for and the nature of the debtor's interest

Venue rental agreement with The Copper Nickel for company event

The Copper Nickel

State the term remaining

Renter, with event rescheduled as of petition date

2450 Grant Avenue

List the contract number of any government contract

One-time use agreement, post-poned

Ogden, UT 84401

2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name	Jill's Office LLC
United States Bankruptcy Court for the:	District of Utah (State)
Case number (If known):	25-21625

Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor	Column 2: Creditor	Check all schedules that apply:	
Name	Mailing address	Name	
2.1 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Federal employment taxes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Zions Loan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	SBA loan	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	NEC Financial	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Chase Bank	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	CFT Clear Finance Technology Group	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
<u>2⁷ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Samson Funding/ Berkovitch</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2⁸ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Capital Assist</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2⁹ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>ClearCo</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2¹⁰ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Daytona Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2¹¹ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Elite Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2¹² Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Barket Epstein</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2¹³ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Highland Hills</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
<u>2¹⁴ Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Kings Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.15 Autumn Thurgood	1054 Grants Lane Street	LevelEx Funding	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.16 Autumn Thurgood	1054 Grants Lane Street	Novac/Galt	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.17 Autumn Thurgood	1054 Grants Lane Street	American Express	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.18 Autumn Thurgood	1054 Grants Lane Street	Premium Merchant Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.19 Autumn Thurgood	1054 Grants Lane Street	Smart Business	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.20 Autumn Thurgood	1054 Grants Lane Street	The Boyer Company	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.21 Autumn Thurgood	1054 Grants Lane Street	Stripe	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2.22 Autumn Thurgood	1054 Grants Lane Street	Newity	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ²³ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>On Deck</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁴ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>FundBox</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁵ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Finally</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁶ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Bill</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁷ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Emily Bateman</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁸ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Heather Brinker</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ²⁹ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Kristi Brower</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		
2. ³⁰ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street	<u>Jadan Bybee</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
31 2.— Autumn Thurgood	1054 Grants Lane Street	Holly Card	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³² — Autumn Thurgood	1054 Grants Lane Street	Cynthia Diaz	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³³ — Autumn Thurgood	1054 Grants Lane Street	Paige Gordon	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³⁴ — Autumn Thurgood	1054 Grants Lane Street	Kyler Hansen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³⁵ — Autumn Thurgood	1054 Grants Lane Street	Jennifer Heiner	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³⁶ — Autumn Thurgood	1054 Grants Lane Street	Michelle Jeppesen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2 ³⁷ — Autumn Thurgood	1054 Grants Lane Street	Elizabeth Johnson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
38 2.— Autumn Thurgood	1054 Grants Lane Street	Jessa Maughan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
<u>2³⁹</u> Autumn Thurgood	1054 Grants Lane Street	Keegan Parkinson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴⁰</u> Autumn Thurgood	1054 Grants Lane Street	Simeon Reynolds	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴¹</u> Autumn Thurgood	1054 Grants Lane Street	Nicole Rivera	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴²</u> Autumn Thurgood	1054 Grants Lane Street	Gwendalyn Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴³</u> Autumn Thurgood	1054 Grants Lane Street	Jennifer Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴⁴</u> Autumn Thurgood	1054 Grants Lane Street	Shalees Romero	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴⁵</u> Autumn Thurgood	1054 Grants Lane Street	Kerilin Vigil	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁴⁶</u> Autumn Thurgood	1054 Grants Lane Street	Jalen Morgan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ⁴⁷ <u>Brant Thurgood</u>	1054 Grants Lane Street	Federal employment Taxes	<input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
48— <u>Brant Thurgood</u>	1054 Grants Lane Street	Zions Loan	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
49— <u>Brant Thurgood</u>	1054 Grants Lane Street	SBA Loan	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
50— <u>Brant Thurgood</u>	1054 Grants Lane Street	NEC Financial	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
51— <u>Brant Thurgood</u>	1054 Grants Lane Street	Chase Bank	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
52— <u>Brant Thurgood</u>	1054 Grants Lane Street	CFT Clear Finance Technology Group	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
53— <u>Brant Thurgood</u>	1054 Grants Lane Street	Samson Funding/ Berkovitch	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
54— <u>Brant Thurgood</u>	1054 Grants Lane Street	Capital Assist	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
55 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	ClearClo	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
56 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Daytona Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
57 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Elite Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
58 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Barket Epstein	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
59 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Highland Hills	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
60 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Kings Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
61 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	LevelEx Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
62 2.— <u>Brant Thurgood</u>	1054 Grants Lane Street	Novac/Galt	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ⁶³ <u>Brant Thurgood</u>	1054 Grants Lane Street	American Express	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁴ <u>Brant Thurgood</u>	1054 Grants Lane Street	Premium Merchant Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁵ <u>Brant Thurgood</u>	1054 Grants Lane Street	Smart Business	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁶ <u>Brant Thurgood</u>	1054 Grants Lane Street	The Boyer Company	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁷ <u>Brant Thurgood</u>	1054 Grants Lane Street	Stripe	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁸ <u>Brant Thurgood</u>	1054 Grants Lane Street	Newity	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁶⁹ <u>Brant Thurgood</u>	1054 Grants Lane Street	On Deck	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
2. ⁷⁰ <u>Brant Thurgood</u>	1054 Grants Lane Street	FundBox	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
<u>2⁷¹</u> Brant Thurgood	1054 Grants Lane Street	Finally	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷²</u> Brant Thurgood	1054 Grants Lane Street	Bill	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷³</u> Brant Thurgood	1054 Grants Lane Street	Emily Bateman	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷⁴</u> Brant Thurgood	1054 Grants Lane Street	Heather Brinker	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷⁵</u> Brant Thurgood	1054 Grants Lane Street	Kristi Brower	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷⁶</u> Brant Thurgood	1054 Grants Lane Street	Jadan Bybee	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷⁷</u> Brant Thurgood	1054 Grants Lane Street	Holly Card	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
<u>2⁷⁸</u> Brant Thurgood	1054 Grants Lane Street	Cynthia Diaz	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
	Name	Name	Check all schedules that apply:
79	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Paige Gordon</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
80	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Kyler Hansen</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
81	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Jennifer Heiner</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
82	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Michelle Jeppesen</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
83	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Elizabeth Johnson</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
84	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Jessa Maughan</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
85	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Keegan Parkinson</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
86	<u>Brant Thurgood</u>	1054 Grants Lane Street	<u>Simeon Reynolds</u>
	Syracuse UT 84075		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
⁸⁷ <u>Brant Thurgood</u>	1054 Grants Lane Street	Nicole Rivera	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁸⁸ <u>Brant Thurgood</u>	1054 Grants Lane Street	Gwendalyn Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁸⁹ <u>Brant Thurgood</u>	1054 Grants Lane Street	Jennifer Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁹⁰ <u>Brant Thurgood</u>	1054 Grants Lane Street	Shalees Romero	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁹¹ <u>Brant Thurgood</u>	1054 Grants Lane Street	Kerilin Vigil	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁹² <u>Brant Thurgood</u>	1054 Grants Lane Street	Jalen Morgan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁹³ <u>Alan Thurgood</u>	1889 S. 910 W Unit B Street	Zions	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		
⁹⁴ <u>Thurgood Creamery</u>	2432 W. 1700 S. Street	Daytona Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Syracuse UT 84075 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
^{2⁹⁵} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Federal Employment Taxes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2⁹⁶} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Emily Bateman	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2⁹⁷} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Heather Brinker	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
^{2⁹⁸} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Kristi Brower	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2⁹⁹} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jadan Bybee	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2¹⁰⁰} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Holly Card	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2¹⁰¹} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Cynthia Diaz	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
^{2¹⁰²} Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Paige Gordon	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ¹⁰³ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Kyler Hansen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁴ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jennifer heiner	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁵ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Michelle Jeppesen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁶ Rob Phelps	3888 S 4000 W Wellsville, UT 84339 City State ZIP Code	Elizabeth Johnson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁷ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jessa Maughan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁸	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Keegan Parkinson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹⁰⁹ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Simeon Reynolds	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ¹¹⁰	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Nicole Rivera	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
<u>2¹¹¹ Rob Phelps</u>	<u>3888 S 4000 W</u> Street <u>Wellsville, UT 84339</u> City State ZIP Code	<u>Gwendalyn Rojas</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
<u>2¹¹² Rob Phelps</u>	<u>3888 S 4000 W</u> Street <u>Wellsville, UT 84339</u> City State ZIP Code	<u>Jennifer Rojas</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
<u>2¹¹³ Rob Phelps</u>	<u>3888 S 4000 W</u> Street <u>Wellsville, UT 84339</u> City State ZIP Code	<u>Shalees Romero</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
<u>2¹¹⁴ Rob Phelps</u>	<u>3888 S 4000 W</u> Street <u>Wellsville, UT 84339</u> City State ZIP Code	<u>Kerilin Virgil</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
<u>2¹¹⁵ Rob Phelps</u>	<u>3888 S 4000 W</u> Street <u>Wellsville, UT 84339</u> City State ZIP Code	<u>Jalen Morgan</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
<u>2._____</u>	<u>Street</u> <u>_____</u> City State ZIP Code	<u>_____</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
<u>2._____</u>	<u>Street</u> <u>_____</u> City State ZIP Code	<u>_____</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
<u>2._____</u>	<u>Street</u> <u>_____</u> City State ZIP Code	<u>_____</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		

Debtor

Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		
2. _____	Street _____ _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____ State _____ ZIP Code _____		

Fill in this information to identify the case:

Debtor name	Jill's Office LLC
United States Bankruptcy Court for the:	District of Utah (State)
Case number (If known):	25-21625

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> <u>MM / DD / YYYY</u> to _____ Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,247,577.42</u>
For prior year:	From <u>01/01/2024</u> <u>MM / DD / YYYY</u> to <u>12/31/2024</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>6,812,612.12</u>
For the year before that:	From <u>01/01/2023</u> <u>MM / DD / YYYY</u> to <u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>6,569,316.20</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ <u>MM / DD / YYYY</u> to _____ Filing date	_____	\$ _____
For prior year:	From _____ <u>MM / DD / YYYY</u> to _____ <u>MM / DD / YYYY</u>	_____	\$ _____
For the year before that:	From _____ <u>MM / DD / YYYY</u> to _____ <u>MM / DD / YYYY</u>	_____	\$ _____

Debtor

Jill's Office LLC

Name

Case number (if known) 25-21625

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Twilio Creditor's name 101 Spear Street, Suite 500 Street	3/10/25	\$ 10,000	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
San Francisco, CA 94105 City State ZIP Code			
3.2. Regence BlueCross Blue Shield of Utah Creditor's name PO BOX 2597 97208-2597 Street	2/12/25	\$ 57,578.49	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Portland, OR 97208-2597 City State ZIP Code	2/19/25		

See additional pages attached.

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None See additional pages attached

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street		\$ _____	_____
City State ZIP Code			
Relationship to debtor			
4.2. Insider's name Street		\$ _____	_____
City State ZIP Code			
Relationship to debtor			

Jill's Office LLC

Debtor

Name

25-21625

Case number (if known)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$ _____
5.2. Creditor's name Street City State ZIP Code			\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$ _____
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. _____ Case number _____		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ Case number _____		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. _____ Case number _____			

Debtor

Jill's Office

Name

25-21625

Case number (if known)

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

Custodian's name and address	Description of the property	Value
Custodian's name _____	_____	\$ _____
Street _____	Case title _____	Court name and address _____
City _____ State _____ ZIP Code _____	Case number _____	Name _____ Street _____
	Date of order or assignment _____	City _____ State _____ ZIP Code _____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Box Elder School District 9.1. Recipient's name 960 South Main Street Street _____	\$1,000 contribution to school district	Dec 2024	\$ 1,000
Brigham City, UT 84302 City _____ State _____ ZIP Code _____			
Recipient's relationship to debtor Member Manager Sister			
Lil Gift From Above 9.2. Recipient's name Street _____ City _____ State _____ ZIP Code _____	Christmas charity raffle-cash donation	For Dec 2023, given 2024	\$ 2500
Recipient's relationship to debtor Employees Sister			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Debtor

Jill's Office LLC

Name

Case number (if known)

25-21625

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
Workman Nydegger/Ted Cundick 11.1.		3/21/25	\$ 25,000

Address
60 E. South Temple
Street
Suite 1000
Salt Lake City, UT 84111
City _____ State _____ ZIP Code _____

Email or website address
tcundick@wnlaw.com

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
Barket Epstein 11.2.		2/12/25 2/13/25 3/5/25	\$ 30,000

Address
666 Old Country Road, Suite 700
Street

Garden City NY 11530
City _____ State _____ ZIP Code _____

Email or website address
ltaras@barketepstein.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee			\$ _____

Debtor

Jill's Office, LLC

Name

25-21625

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. Jill's Office	Sale of 25% of Jills Office to Rob Phelps	11/1/23	\$ 750,000
Address 960 W. White Drive Street			
Ogden	UT	84401	City State ZIP Code
Relationship to debtor			
13.2. Who received transfer? _____ \$ _____			
Address Street _____ City State ZIP Code Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. 129 S. State Street Street	From 06/01/2018 To 06/01/23
Clearfield City	UT 84075 State ZIP Code
14.2. Street _____ City	From _____ To _____ State ZIP Code

Debtor

Jill's Office LLC

Name

25-21625

Case number (if known)

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name

Street

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- Electronically
- Paper

City State ZIP Code

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.2.

Facility name

Street

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- Electronically
- Paper

City State ZIP Code

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information? _____

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

 No. Go to Part 10. Yes. Fill in below:**Name of plan**

Simple IRA Retirement Plan

Employer identification number of the plan

EIN: 4 7 _ 1 3 8 4 8 0 0

Has the plan been terminated?

 No Yes

Debtor

Jill's Office

Name

25-21625

Case number (if known)

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Glacier Bank Name _____ 690 State St Street _____	xxxx- <u>9 0 0 1</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	1/16/25	\$ <u>0.00</u>
18.2.	Clearfield, UT 84015 City _____ State _____ ZIP Code _____	xxxx- <u>7 2 5 8</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	1/16/25	\$ <u>.33</u>
	Glacier Bank Name _____ 690 State St Street _____	xxxx- <u>7 2 5 8</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	1/16/25	\$ <u>.33</u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	_____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Street _____	_____	_____	
City _____ State _____ ZIP Code _____	Address _____	_____	

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Towne-Storage Clearfield Name _____ 280 State St Street _____	Brant and Autumn Thurgood _____	Cubicles _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Clearfield, UT 84015 City _____ State _____ ZIP Code _____	Address _____	_____	

Debtor

Jill's Office, LLC

Name

Case number (if known) 25-21625

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	_____
City _____ State _____ ZIP Code _____			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
 No

 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
 No

 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ City _____ State _____ ZIP Code _____	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____

Debtor

Jill's Office, LLC

Name

25-21625

Case number (if known)

24. Has the debtor notified any governmental unit of any release of hazardous material? No Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ _____	Name _____ Street _____ _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	_____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	EIN: _____ - _____ Dates business existed From _____ To _____
25.2. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	EIN: _____ - _____ Dates business existed From _____ To _____
25.3. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	EIN: _____ - _____ Dates business existed From _____ To _____

Debtor

Jill's Office, LLC

Name

25-21625

Case number (if known)

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
HolyOak and Compnay Name 1396 W 200 S St Street	From _____ To 2024

Name and address	Dates of service
Lindon City UT ZIP Code State 84042	

Name and address	Dates of service
26a.2. Name Street City State ZIP Code	From _____ To _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. HolyOak and Compnay Name 1396 W 200 S St Street	From _____ To _____

Name and address	Dates of service
Lindon City UT ZIP Code State 84042	

Name and address	Dates of service
26b.2. Name Street City State ZIP Code	From _____ To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Holyoak and Company Name 1396 W 200 S St Street	_____
Lindon City UT ZIP Code State	_____

Debtor

Jill's Office, LLC

Name

25-21625

Case number (if known)

Name and address

26c.2.

Name

Street

City

State

ZIP Code

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Rob Phelps

Name

3888 S 4000 W

Street

Wellsville,

UT

84339

City

State

ZIP Code

Name and address

26d.2.

Samson Funding

Name

1545 Route 202 Suite 101 Pomona NY 10970

Street

Pomona

NY

10970

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtors

Jill's Office, LLC

Name

Case number (if known)

25-21625

Debtor Jill's Office, LLC Name Case number (if known) 25-21625

Name and address of recipient

30.2 _____

Name _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

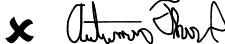
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/15/2025
MM / DD / YYYY



Printed name Autumn Thurgood

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Member Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

Jill's Office, LLC, 25-21625
Supplement to Statement of Financial Affairs

Part 2. Transfers made before bankruptcy

3.

3.3 American Express

P.O. Box 981531 El Paso TX 79998-1531

12/30/2024	Amex	12,000.00
12/30/2024	Amex	5,000.00
12/30/2024	Amex	1,500.00
2/5/2025	Amex	1,000.00
12/27/2024	Amex	2,500.00
Amex Total		22,000.00

3.4 Chase Credit Card

Cardmember Services, P.O. Box 6294, Carol Stream, IL 60197-6294

2/26/2025	Chase CC	151.00
1/13/2025	Chase CC	5,000.00
1/15/2025	Chase CC	7,566.63
1/7/2025	Chase CC	10,000.00
Chase CC Total		22,717.63

3.5 Samson

1545 Route 202 Suite 101 Pomona NY 10970

02/13/25	-10,000.00
02/20/25	-10,000.00
03/05/25	-10,000.00
12/27/24	-9,756.82

Total Paid: \$39,756.82

3.6 Fundbox

5760 Legacy Drive Suite B3-535 Plano Texas 75024

12/27/24	-3,905.29
----------	------------------

Total Paid: \$3905.29

3.7Cucumber Capital

100 Cedarhurst Ave, Cedarhurst, New York 11516, US

12/27/24	-3,997.34
12/30/24	-3,997.34
12/31/24	-3,997.34
01/08/25	-3,997.34
Total	-15,989.36

3.8 Key Capital

01/10/25	-2,498.00
01/13/25	-2,498.00
01/14/25	-2,498.00
01/15/25	-2,498.00
01/16/25	-2,498.00
01/17/25	-2,498.00
01/17/25	-2,498.00
01/17/25	-1,000.00
01/21/25	-2,498.00
01/22/25	-2,498.00
01/23/25	-55,000.00
01/24/25	-2,000.00
01/27/25	-2,564.00
Total	-83,046.00

3.9 Clearco

33 Yonge Street, Suite 1302, Toronto ON, M5E 1G4, Canada

12/27/24	-1,126.16
12/30/24	-515.78
12/30/24	-231.61
01/06/25	-515.78
01/06/25	-515.78

01/06/25	-231.61
01/07/25	-1,126.16
01/08/25	-1,848.86
01/08/25	-938.47
01/08/25	-938.47
01/08/25	-610
01/08/25	-610
01/08/25	-493.73
01/08/25	-479.65
01/08/25	-479.65
01/08/25	-469.24
01/08/25	-83.13
01/08/25	-83.13
01/10/25	-1,126.16
01/13/25	-515.78
01/13/25	-231.61
01/15/25	-938.47
01/15/25	-610
01/15/25	-479.65
01/15/25	-83.13
01/16/25	-1,848.86
01/16/25	-493.73
01/16/25	-469.24
01/17/25	-1,126.16
01/21/25	-515.78
01/21/25	-231.61
01/28/25	-938.47
01/28/25	-610

01/28/25	-515.78
01/28/25	-493.73
01/28/25	-479.75
01/28/25	-469.24
01/28/25	-231.61
01/28/25	-83.13
01/29/25	-1,848.86
01/29/25	-1,126.16
01/29/25	-938.47
01/29/25	-610
01/29/25	-479.65
01/29/25	-83.13
02/20/25	-2,757.65
02/20/25	-1,242.35
03/03/25	-4,000.00
03/06/25	-4,000.00
3/13/25	-958.08
Total	-41,833.45

3.10 Hastings Capital

12/27/24	-1,499.00
01/16/25	-1,499.00
01/30/25	-1,499.00
02/05/25	-18,000.00
02/13/25	-1,000.00
02/14/25	-1,000.00
02/18/25	-1,000.00
02/19/25	-1,000.00

02/20/25	-1,000.00
02/21/25	-1,000.00
02/24/25	-1,000.00
02/25/25	-1,000.00
02/26/25	-1,000.00
02/27/25	-967
total	-32,464.00

3.11 Levelex

01/06/25	-22,666.66
01/08/25	-25,000.00
01/15/25	-7,000.00
01/27/25	-10,000.00
02/03/25	-6,250.00
02/06/25	-6,250.00
02/10/25	-6,250.00
02/24/25	-10,000.00
03/04/25	-6,250.00
Total	-99,666.66

3.12 Highland Hill

86 Chambers Street, Suite 205 NY, NY 10007

12/27/24	-5,399.00
12/30/24	-5,399.00
12/31/24	-5,399.00
12/31/24	-4,996.67
01/03/25	-5,399.00
01/06/25	-5,399.00
01/07/25	-5,399.00

01/07/25	-4,996.67
01/08/25	-5,399.00
01/10/25	-5,399.00
01/13/25	-5,399.00
01/14/25	-5,399.00
01/14/25	-4,996.67
01/15/25	-5,399.00
01/16/25	-10,395.67
01/16/25	-5,399.00
01/17/25	-5,399.00
01/21/25	-5,399.00
01/21/25	-4,996.67
01/22/25	-5,399.00
01/24/25	-5,399.00
01/29/25	-9,000.00
02/03/25	-9,000.00
02/10/25	-9,000.00
02/18/25	-9,000.00
02/24/25	-9,000.00
03/03/25	-9,000.00
3/14/25	-9,000.00
03/21/25	-9,000.00
total	-188,766.35

3.13 Smart Business

3111 N. University Drive Suite 702 Coral Springs FL 33065

02/05/25	-20,000.00
01/07/25	-11,618.00
01/07/25	-11,618.00

02/12/25	-11,618.00
02/21/25	-11,618.00
02/21/25	-2,500.00
3/7/25	-2,323.60
total	-71,295.60

3.14 Capital Assist

323 Sunny Isles Blvd STE 503, Sunny Isles Beach FL 33160

01/02/25	-6,949.92
01/03/25	-2,316.64
01/06/25	-2,316.64
01/07/25	-2,316.64
01/15/25	-4,633.28
01/27/25	-1,000.00
01/28/25	-1,000.00
02/06/25	-2,000.00
02/07/25	-1,000.00
02/10/25	-2,000.00
02/14/25	-2,000.00
02/19/25	-1,500.00
02/20/25	-1,500.00
02/21/25	-1,500.00
02/24/25	-1,500.00
02/25/25	-1,500.00
02/26/25	-1,500.00
02/27/25	-1,500.00
02/28/25	-1,500.00
03/03/25	-1,500.00
03/04/25	-1,500.00

03/05/25	-1,500.00
03/06/25	-1,500.00
3/7/25	-1,500.00
3/7/25	-1,500.00
3/14/25	-1,500.00
total	-50,033.12

3.15 Galt funding

1 SE 3rd Avenue, Miami FL 33131

01/30/25	-2,750.00
02/25/25	-500
02/26/25	-500
02/27/25	-500
02/28/25	-500
03/03/25	-500
03/04/25	-500
03/05/25	-500
03/05/25	-500
03/06/25	-500
3/7/25	-500.00
3/10/25	-500.00
3/11/25	-500.00
3/12/25	-500.00
3/13/25	-500.00
3/14/25	-500.00
3/19/25	-500.00
3/20/25	-500.00
3/21/25	-500.00
total	-11,750.00

3.16 Elite Funding

500 W Putnam Avenue Suite 400, Greenwich CT

02/08/25	-5,000.00
01/17/25	-3,818.18
01/21/25	-3,818.18
01/22/25	-3,818.18
01/24/25	-3,818.18
01/28/25	-3,818.18
01/29/25	-3,818.18
01/30/25	-3,818.18
02/19/25	-3,818.18
02/20/25	-3,818.18
02/21/25	-3,818.18
02/24/25	-3,818.18
02/25/25	-3,818.18
02/26/25	-3,818.18
02/27/25	-3,818.18
03/03/25	-3,818.18
03/05/25	-3,818.18
03/06/25	-3,818.18
02/05/25	-2,500.00
02/06/25	-2,500.00
02/07/25	-2,500.00
02/10/25	-2,500.00
02/11/25	-2,500.00
02/12/25	-2,500.00
02/13/25	-2,500.00

02/14/25	-2,500.00
02/14/25	-2,500.00
02/18/25	-2,500.00
12/27/24	-2,498.33
12/30/24	-2,498.33
12/31/24	-2,498.33
12/31/24	-2,498.33
01/03/25	-2,498.33
01/06/25	-2,498.33
01/07/25	-2,498.33
01/08/25	-2,498.33
01/10/25	-2,498.33
01/13/25	-2,498.33
01/14/25	-2,498.33
01/15/25	-2,498.33
01/16/25	-2,498.33
total	-127,387.35

3.17 Daytona Funding
266 Broadway STE 401, Brooklyn NY

02/03/25	-6,000.00
01/28/25	-3,230.68
02/06/25	-2,500.00
02/06/25	-2,500.00
02/07/25	-2,500.00
02/10/25	-2,500.00
02/11/25	-2,500.00
02/12/25	-2,500.00

02/13/25	-2,500.00
02/14/25	-2,500.00
02/18/25	-2,500.00
02/19/25	-2,500.00
02/20/25	-2,500.00
02/21/25	-2,500.00
02/21/25	-2,500.00
02/24/25	-2,500.00
02/25/25	-2,500.00
02/26/25	-2,500.00
02/27/25	-2,500.00
02/28/25	-2,500.00
03/03/25	-2,500.00
03/04/25	-2,500.00
03/05/25	-2,500.00
03/06/25	-2,500.00
3/7/25	-2,500.00
Total	-66,730.68

3.18 Kings Funding
1270 Avenue of the Americas, Suite 811
New York, NY 10020

01/16/25	-5,178.57
01/30/25	-5,178.57
Total	-10,357.14

3.19 Premium Merchant
55 Water St 50th floor, New York, NY 10041

02/19/25	-6,500.00
01/07/25	-3,973.34

01/15/25	-4,656.25
02/20/25	-1,500.00
02/21/25	-1,500.00
02/24/25	-1,500.00
02/25/25	-1,500.00
02/26/25	-1,500.00
02/27/25	-1,500.00
02/28/25	-1,500.00
03/03/25	-1,500.00
3/21/25	-1,500.00
Total	-28,629.59

Question 4.

Thurgood Family Trust Payment of 2% of Jills gross sales per month
 Note Receivable Amortization Schedule Simple Interest of 2%
 Jill's Office Payment due on the 10th of each month

	Date	Payment	Interest	Principal	Principal Bal	Days
	9/3/21			1,171,744.00		
1	10/7/21	5,987.52	2,213.29	3,774.23	1,167,969.77	34
2	11/10/21	6,519.00	2,206.17	4,312.83	1,163,656.94	34
3	12/2/21	6,660.76	1,422.25	5,238.51	1,158,418.43	22
4	1/10/22	5,088.42	2,509.91	2,578.51	1,155,839.91	39
5	2/14/22	5,100.82	2,247.47	2,853.35	1,152,986.56	35
6	3/14/22	4,939.54	1,793.53	3,146.01	1,149,840.55	28
7	4/11/22	6,747.02	1,788.64	4,958.38	1,144,882.18	28
8	5/9/22	8,180.92	1,780.93	6,399.99	1,138,482.18	28
9	6/10/22	9,554.44	2,023.97	7,530.47	1,130,951.71	32
10	7/12/22	8,860.20	1,947.75	6,912.45	1,124,039.26	31
11	8/11/22	8,144.35	1,873.40	6,270.95	1,117,768.31	30
12	9/15/22	9,337.34	2,173.44	7,163.90	1,110,604.41	35
13	10/11/22	8,039.21	1,604.21	6,435.00	1,104,169.41	26
14	11/10/22	9,341.44	1,840.28	7,501.16	1,096,668.25	30
15	12/13/22	8,613.07	2,010.56	6,602.51	1,090,065.74	33
	1/1/23			153,794.07	1,243,859.81	
(Merge Connect note balance to Jills note)						
16	1/12/23	7,316.46	1,816.78	5,499.68	1,238,360.12	30

17	2/14/23	8,300.86	2,132.73	6,168.13	1,232,191.99	31
18	3/10/23	7,993.78	1,916.74	6,077.04	1,226,114.96	28
19	4/11/23	9,623.15	2,111.64	7,511.51	1,218,603.45	31
20	5/10/23	10,808.54	1,963.31	8,845.23	1,209,758.21	29
21	6/12/23	12,686.72	2,217.89	10,468.83	1,199,289.38	33
22	7/10/23	11,371.32	1,865.56	9,505.76	1,189,783.63	28
23	8/11/23	13,002.82	2,115.17	10,887.65	1,178,895.98	32
24	9/13/23	11,194.23	2,161.31	9,032.92	1,169,863.06	33
25	10/11/23	11,315.22	1,819.79	9,495.43	1,160,367.62	28
26	11/15/23	13,336.76	2,256.27	11,080.49	1,149,287.13	35
27	12/12/23	10,905.06	1,723.93	9,181.13	1,140,106.00	27
28	1/10/24	10,351.16	1,836.84	8,514.32	1,131,591.68	29
29	2/12/24	9,046.40	2,074.58	6,971.82	1,124,619.87	33
30	3/11/24	9,690.13	1,749.41	7,940.72	1,116,679.15	28
31	4/10/24	12,226.16	1,861.13	10,365.03	1,106,314.12	30
32	5/13/24	12,442.22	2,028.24	10,413.98	1,095,900.14	33
33	6/14/24	12,754.62	1,887.38	10,867.24	1,085,032.90	31
34	7/12/24	12,977.38	1,687.83	11,289.55	1,073,743.35	28
35	8/13/24	11,076.68	1,968.53	9,108.15	1,064,635.20	33
36	9/10/24	11,454.89	1,656.10	9,798.79	1,054,836.41	28
37	10/22/24	11,514.54	2,461.28	9,053.26	1,045,783.16	42
38	12/3/24	10,555.56	2,440.16	8,115.40	1,037,667.76	42
39	12/13/24	10,222.04	0.00	10,222.04	1,027,445.72	

No payments made in 2025

Part 6.

11.3

Mark Rose \$450.00

2180 South 1300 East, Suite 400

Salt Lake City, Utah 84106

mrose@mbt-law.com

Part 10.

18.3	Zions Bank 2951 Checking	Closing Date 01/31/25	Closing Balance \$0.00
	975 W 1700 S, Syracuse, UT 84075		
18.4	Zions Bank 2969 Checking	Closing Date 01/31/25	Closing Balance \$-844.61
	975 W 1700 S, Syracuse, UT 84075		
18.5	Zions Bank 2997 Checking	Closing Date 01/31/25	Closing Balance \$0.00
	975 W 1700 S, Syracuse, UT 84075		

18.6	Glacier Bank 3143	Closing Date 690 State St, Clearfield, UT 84015	1/15/25	Closing Balance .25
18.7	Glacier Bank 9298	Closing Date 690 State St, Clearfield, UT 84015	1/15/25	Closing Balance .13

Part 13.

26.c

Brant Thurgood	1054 Grants Lane, Syracuse UT 84075
Autumn Thurgood	1054 Grants Lane, Syracuse UT 84075
Barbara Thurgood	1889 S. 910 W. Unit B Syracuse, Ut 84075
Alan Thurgood	1889 S. 910 W. Unit B Syracuse, Ut 84075
Rob Phelps	3888 S 4000 W Wellsville, UT 84339

26d.3

SBA

1441 L Street NW, Washington, DC 20416.

26d.4

Booyah Capital Partners
Nashville, TN

30. See following page.

Jills Office

Payroll Payment to Members

This schedule reflects the amounts paid to the members of Jills office during the year 2024.
There were no payments made in 2025 to the member of Jills Office.

Date	Amount	Recipient	Date	Amount	Recipient
8-Jan	3,250.00	Brant Thurgood	8-Jan	3,846.15	Rob Phelps
8-Jan	4,868.68	Autumn Thurgood	23-Jan	3,846.15	Rob Phelps
8-Jan	2,700.00	Autumn Thurgood	8-Feb	3,846.15	Rob Phelps
23-Jan	3,250.00	Brant Thurgood	23-Feb	3,846.15	Rob Phelps
23-Jan	4,868.68	Autumn Thurgood	8-Mar	3,846.15	Rob Phelps
23-Jan	2,700.00	Autumn Thurgood	23-Mar	3,846.15	Rob Phelps
8-Feb	3,250.00	Brant Thurgood	8-Apr	6,250.00	Rob Phelps
8-Feb	4,868.68	Autumn Thurgood	23-Apr	6,250.00	Rob Phelps
8-Feb	2,700.00	Autumn Thurgood	8-May	6,250.00	Rob Phelps
23-Feb	3,250.00	Brant Thurgood	23-May	6,250.00	Rob Phelps
23-Feb	4,868.68	Autumn Thurgood	8-Jun	6,250.00	Rob Phelps
23-Feb	2,700.00	Autumn Thurgood	23-Jun	6,250.00	Rob Phelps
8-Mar	3,250.00	Brant Thurgood	8-Jul	6,250.00	Rob Phelps
8-Mar	4,868.68	Autumn Thurgood	23-Jul	6,250.00	Rob Phelps
8-Mar	2,700.00	Autumn Thurgood	8-Aug	6,250.00	Rob Phelps
23-Mar	3,250.00	Brant Thurgood	23-Aug	6,250.00	Rob Phelps
23-Mar	4,868.68	Autumn Thurgood	8-Sep	6,250.00	Rob Phelps
23-Mar	2,700.00	Autumn Thurgood	23-Sep	6,250.00	Rob Phelps
8-Apr	3,250.00	Brant Thurgood	8-Oct	6,250.00	Rob Phelps
8-Apr	4,868.68	Autumn Thurgood	23-Oct	6,250.00	Rob Phelps
8-Apr	2,700.00	Autumn Thurgood	8-Nov	6,250.00	Rob Phelps
23-Apr	3,250.00	Brant Thurgood	23-Nov		Rob Phelps
23-Apr	4,868.68	Autumn Thurgood	8-Dec	12,500.00	Rob Phelps
23-Apr	2,700.00	Autumn Thurgood	23-Dec		Rob Phelps
8-May	3,250.00	Brant Thurgood	Total	129,326.90	
8-May	4,868.68	Autumn Thurgood			
8-May	2,700.00	Autumn Thurgood			
23-May	3,250.00	Brant Thurgood			
23-May	4,868.68	Autumn Thurgood			
23-May	2,700.00	Autumn Thurgood			
8-Jun	3,250.00	Brant Thurgood			
8-Jun	4,868.68	Autumn Thurgood			
8-Jun	2,700.00	Autumn Thurgood			

23-Jun	3,250.00	Brant Thurgood
23-Jun	4,868.68	Autumn Thurgood
23-Jun	2,700.00	Autumn Thurgood
8-Jul	3,250.00	Brant Thurgood
8-Jul	4,868.68	Autumn Thurgood
8-Jan	2,700.00	Autumn Thurgood
8-Jul	3,250.00	Brant Thurgood
23-Jul	4,868.68	Autumn Thurgood
23-Jul	2,700.00	Autumn Thurgood
8-Aug	3,250.00	Brant Thurgood
8-Aug	4,868.68	Autumn Thurgood
8-Aug	2,700.00	Autumn Thurgood
23-Aug	3,250.00	Brant Thurgood
23-Aug	4,868.68	Autumn Thurgood
23-Aug	2,700.00	Autumn Thurgood
8-Sep	3,250.00	Brant Thurgood
8-Sep	4,868.68	Autumn Thurgood
8-Sep	2,700.00	Autumn Thurgood
23-Sep	3,250.00	Brant Thurgood
23-Sep	4,868.68	Autumn Thurgood
23-Sep	2,700.00	Autumn Thurgood
8-Oct	3,250.00	Brant Thurgood
8-Oct	4,868.68	Autumn Thurgood
8-Oct	2,700.00	Autumn Thurgood
26-Oct		
26-Oct		
26-Oct		
8-Nov	3,250.00	Brant Thurgood
8-Nov	4,868.68	Autumn Thurgood
8-Nov	2,700.00	Autumn Thurgood
23-Nov		
23-Nov		
23-Nov		
8-Dec		
8-Dec		
8-Dec		
23-Dec		
23-Dec		
23-Dec		

Total	216,373.60
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Jill's Office

Transfer Analysis

The following schedules reflect an analysis of transfers in and out of personal bank accounts of Brant and Autumn Thurgood.

Revenue: Jills Office had a small amount of Stripe Revenue (a billing system for Jills services) deposited directly into Brant's personal account. This was done for speed of receiving funds. Stripe would perform these advance fund transfers only via a debit card. Jills did not have a debit card with their bank.

Expenses Paid: Brant paid some of Jills expenses from his personal account. As can be seen by these schedules, he used personal funds to cover expenses. He also took out two personal loans and deposited them into the account to cover Jills expenses.

Transfers In and Out: Funds were transferred between personal accounts and company accounts to move the revenue out of the personal account to be used by Jills. Transfers were also used to assist in covering payments made.

There are four schedules.

- 1). The first is for the calendar year 2024 for Glacier 0084.
- 2). The second is for a short period at the first of 2025 for personal accounts from Zions and American First Credit Union.
- 3). The third is for the calendar year 2024 for Glacier 1575.
- 4). A fourth schedule combines the total of the previous three schedules.

Calendar Year 2024

Schedule #1

Revenue deposited into personal account

Glacier 0084 - ins and outs of Personal Accounts

Calendar YR 24

Glacier 0084			Revenue	
Date	Description	Amount	To Bnk Accnt	Amount
19-Jan	Stripe	1,000.00	0084	1,000.00
5-Feb	Stripe	2,000.00	0084	2,000.00
14-Feb	Stripe	1,000.00	0084	1,000.00
2/20/25	Stripe	1,000.00	0084	1,000.00
2/22/25	Stripe	179.20	0084	179.20
3/19/25	Stripe	1,000.00	0084	1,000.00
5-Apr	stripe	1,000.00	0084	1,000.00
19-Apr	stripe	1,000.00	0084	1,000.00
22-Apr	stripe	1,000.00	0084	1,000.00
3-May	Stripe	2,000.00	0084	2,000.00
6-May	stripe	1,000.00	0084	1,000.00
20-Jun	stripe	6,953.40	0084	6,953.40
26-Jun	stripe	5,333.60	0084	5,333.60
27-Jun	stripe	2,197.95	0084	2,197.95
28-Jun	stripe	1,955.80	0084	1,955.80
2-Jul	stripe	5,000.00	0084	5,000.00
2-Jul	stripe	5,000.00	0084	5,000.00
5-Jul	stripe	2,000.00	0084	2,000.00
5-Jul	stripe	4,000.00	0084	4,000.00
5-Jul	stripe	4,000.00	0084	4,000.00
5-Aug	stripe	1,000.00	0084	1,000.00
6-Aug	stripe	1,000.00	0084	1,000.00
13-Aug	stripe	1,600.00	0084	1,600.00
15-Aug	stripe	2,000.00	0084	2,000.00
20-Aug	stripe	1,600.00	0084	1,600.00
21-Aug	stripe	1,600.00	0084	1,600.00
22-Aug	stripe	2,007.92	0084	2,007.92
23-Aug	stripe	2,722.78	0084	2,722.78
23-Aug	stripe	821.32	0084	821.32
26-Aug	stripe	1,063.34	0084	1,063.34

27-Aug	stripe	1,178.34	0084	1,178.34
27-Aug	stripe	1,609.97	0084	1,609.97
27-Aug	stripe	1,000.00	0084	1,000.00
29-Aug	stripe	1,934.11	0084	1,934.11
29-Aug	stripe	5,000.00	0084	5,000.00
29-Aug	stripe	2,944.35	0084	2,944.35
3-Sep	stripe	2,548.22	0084	2,548.22
4-Sep	stripe	4,979.02	0084	4,979.02
4-Sep	stripe	5,000.00	0084	5,000.00
4-Sep	stripe	5,000.00	0084	5,000.00
6-Sep	stripe	3,257.61	0084	3,257.61
6-Sep	stripe	6,742.39	0084	6,742.39
9-Sep	stripe	1,301.78	0084	1,301.78
11-Sep	stripe	2,698.89	0084	2,698.89
13-Sep	stripe	3,060.04	0084	3,060.04
16-Sep	stripe	740.92	0084	740.92
16-Sep	stripe	9,609.53	0084	9,609.53
19-Sep	stripe	825.36	0084	825.36
19-Sep	stripe	482.83	0084	482.83
23-Sep	stripe	889.19	0084	889.19
27-Sep	stripe	1,032.18	0084	1,032.18
30-Sep	stripe	1,242.01	0084	1,242.01
2-Oct	stripe	4,000.00	0084	4,000.00
3-Oct	stripe	3,000.00	0084	3,000.00
7-Oct	stripe	5,897.01	0084	5,897.01
8-Oct	stripe	2,500.00	0084	2,500.00
9-Oct	stripe	2,500.00	0084	2,500.00
15-Oct	stripe	2,596.52	0084	2,596.52
15-Oct	stripe	2,469.50	0084	2,469.50
16-Oct	stripe	2,554.94	0084	2,554.94
16-Oct	stripe	1,329.25	0084	1,329.25
18-Oct	stripe	9,992.63	0084	9,992.63
21-Oct	stripe	5,000.00	0084	5,000.00
21-Oct	stripe	1,000.00	0084	1,000.00
21-Oct	stripe	4,000.00	0084	4,000.00
22-Oct	stripe	5,000.00	0084	5,000.00
22-Oct	stripe	5,000.00	0084	5,000.00
23-Oct	stripe	4,403.01	0084	4,403.01
23-Oct	stripe	4,778.58	0084	4,778.58
29-Oct	stripe	2,950.00	0084	2,950.00

30-Oct	stripe	2,375.00	0084	2,375.00
31-Oct	stripe	5,000.00	0084	5,000.00
31-Oct	stripe	5,000.00	0084	5,000.00
1-Nov	stripe	1,882.56	0084	1,882.56
1-Nov	stripe	769.02	0084	769.02
4-Nov	stripe	7,041.36	0084	7,041.36
4-Nov	stripe	6,452.65	0084	6,452.65
4-Nov	stripe	3,547.35	0084	3,547.35
5-Nov	stripe	5,000.00	0084	5,000.00
5-Nov	stipe	5,000.00	0084	5,000.00
8-Nov	stripe	5,360.88	0084	5,360.88
8-Nov	stripe	1,469.78	0084	1,469.78
8-Nov	stripe	2,322.88	0084	2,322.88
12-Nov	stripe	7,124.17	0084	7,124.17
12-Nov	stripe	6,087.27	0084	6,087.27
19-Nov	stirpe	5,000.00	0084	5,000.00
19-Nov	stripe	5,000.00	0084	5,000.00
20-Nov	stripe	4,770.39	0084	4,770.39
24-Dec	stripe	1,574.03	0084	1,574.03
24-Dec	stripe	8,425.97	0084	8,425.97
26-Dec	stripe	9,000.00	0084	9,000.00
26-Dec	stripe	1,860.54	0084	1,860.54
26-Dec	stripe	551.62	0084	551.62
26-Dec	stripe	464.88	0084	464.88
26-Dec	stripe	299.06	0084	299.06
26-Dec	stripe	935.14	0084	935.14
30-Dec	stripe	2,036.85	0084	2,036.85
30-Dec	stripe	7,963.15	0084	7,963.15
30-Dec	stripe	5,000.00	0084	5,000.00
30-Dec	stripe	5,000.00	0084	5,000.00
CYR 24	Collective Stripe	182,336.13	0084	182,336.13
Total Revenue Deposited				500,734.17

Expenses paid from personal account

Glacier 0084 - ins and outs of Personal Accounts

Calendar YR 24

Glacier 0084			Expenses	
Date	Description	Amount	From Bnk Accnt	Amount
Expenses paid				
17-Sep	Capital One	11,000.00	0084	11,000.00
21-Oct	Capital One	8,000.00	0084	8,000.00
22-Oct	AMEX	14,000.00	0084	14,000.00
23-Oct	AMEX	3,500.00	0084	3,500.00
23-Oct	AMEX	19,250.00	0084	19,250.00
24-Oct	AMEX	3,000.00	0084	3,000.00
26-Oct	Capital One	6,000.00	0084	6,000.00
28-Oct	PAYROLL - Paige	1,177.95	0084	1,177.95
21-Nov	AMEX	21,000.00	0084	21,000.00
25-Nov	PAYROLL - Paige	1,155.99	0084	1,155.99
25-Nov	payroll employee	1,167.07	0084	1,167.07
25-Nov	payroll employee	1,507.76	0084	1,507.76
25-Nov	payroll employee	1,255.69	0084	1,255.69
25-Nov	payroll employee	1,067.09	0084	1,067.09
26-Nov	payroll employee	1,058.91	0084	1,058.91
26-Nov	payroll employee	1,513.91	0084	1,513.91
26-Nov	payroll employee	1,257.86	0084	1,257.86
26-Nov	payroll employee	1,156.65	0084	1,156.65
26-Nov	payroll employee	1,730.35	0084	1,730.35
26-Nov	payroll employee	1,246.42	0084	1,246.42
26-Nov	payroll employee	1,051.87	0084	1,051.87
26-Nov	payroll employee	1,613.40	0084	1,613.40
9-Dec	payroll employee	901.65	0084	901.65
9-Dec	payroll employee	352.50	0084	352.50
9-Dec	payroll employee	354.99	0084	354.99
12-Dec	AMEX	24,000.00	0084	24,000.00
16-Dec	AMEX	5,000.00	0084	5,000.00
19-Dec	AMEX	25,000.00	0084	25,000.00
24-Dec	employee payroll	1,074.78	0084	1,074.78
24-Dec	employee payroll	1,601.21	0084	1,601.21
26-Dec	employee payroll	1,008.79	0084	1,008.79

26-Dec	employee payroll	867.77	0084	867.77
26-Dec	employee payroll	896.19	0084	896.19
26-Dec	employee payroll	820.76	0084	820.76
30-Dec	employee payroll	1,036.38	0084	1,036.38
30-Dec	employee payroll	1,092.14	0084	1,092.14
Total expenses				167,718.08

Transfers in/out from personal account

Glacier 0084 - ins and outs of Personal Accounts

Calendar YR 24

Glacier 0084		Transfers	
Date	Description	From-To Bnk Acctn	Amount
Transfer Out of Personal			
3-Sep	transfer - jill connect	100.00	0084-1565 100.00
12-Sep	transfer - jill connect	2,500.00	0084-1565 2,500.00
13-Sep	transfer - jill connect	10,000.00	0084-1565 10,000.00
11-Oct	transfer	550.00	0084-1565 550.00
16-Oct	transfer	2,500.00	0084-1565 2,500.00
16-Oct	transfer	3,000.00	0084-1565 3,000.00
15-Oct	transfer	10,000.00	0084-1565 10,000.00
18-Oct	transfer	10,000.00	0084-1565 10,000.00
1-Nov	transfer	10,000.00	0084-1565 10,000.00
5-Nov	transfer	18,560.00	0084-1565 18,560.00
6-Dec	transfer	49,980.00	0084-1565 49,980.00
18-Dec	transfer	3,500.00	0084-1565 3,500.00
9-Sep	transfer - jill connect	1,000.00	0084-1857 1,000.00
11-Sep	transfer - jill connect	50.00	0084-1857 50.00
23-Sep	transfer - jill connect	800.00	0084-1857 800.00
23-Sep	transfer - jill connect	2,500.00	0084-1857 2,500.00
23-Sep	transfer - jill connect	5,000.00	0084-1857 5,000.00
11-Oct	transfer	25.00	0084-1857 25.00
11-Oct	transfer	1,000.00	0084-1857 1,000.00
4-Nov	transfer	10,050.00	0084-1857 10,050.00
18-Nov	Transfer	2,500.00	0084-1857 2,500.00
18-Nov	transfer	8,000.00	0084-1857 8,000.00
20-Dec	transfer	2,600.00	0084-1857 2,600.00
22-Oct	transfer	2,500.00	0084-3143 2,500.00

7-Oct	transfer	5,000.00	0084-3134	5,000.00
1-Oct	transfer	2,500.00	0084-3143	2,500.00
2-Oct	transfer	2,100.00	0084-3143	2,100.00
3-Oct	transfer	2,450.00	0084-3143	2,450.00
8-Oct	transfer	2,500.00	0084-3143	2,500.00
9-Oct	transfer	2,500.00	0084-3143	2,500.00
11-Oct	transfer	2,500.00	0084-3143	2,500.00
15-Oct	transfer	2,500.00	0084-3143	2,500.00
21-Oct	transfer	5,030.00	0084-3143	5,030.00
24-Oct	transfer	5,100.00	0084-3143	5,100.00
29-Oct	transfer	2,500.00	0084-3143	2,500.00
7-Nov	transfer	5,700.00	0084-3143	5,700.00
12-Nov	Trasnfer	10,000.00	0084-3143	10,000.00
8-Aug	transfer	400.00	0084-7258	400.00
13-Aug	transfer	1,600.00	0084-7258	1,600.00
14-Aug	transfer	1,600.00	0084-7258	1,600.00
19-Aug	transfer	1,600.00	0084-7258	1,600.00
20-Aug	transfer	1,590.00	0084-7258	1,590.00
21-Aug	transfer	1,600.00	0084-7258	1,600.00
27-Aug	Transfer	1,600.00	0084-7258	1,600.00
11-Sep	transfer	260.00	0084-7258	260.00
11-Sep	transfer	1,600.00	0084-7258	1,600.00
12-Sep	transfer	1,600.00	0084-7258	1,600.00
26-Sep	transfer	11,600.00	0084-7258	11,600.00
4-Nov	transfer	8,050.00	0084-7258	8,050.00
4-Nov	transfer	11,500.00	0084-7258	11,500.00
6-Nov	transfer	1,500.00	0084-7258	1,500.00
12-Nov	transfer	11,600.00	0084-7258	11,600.00
2-Dec	transfer	11,620.00	0084-7258	11,620.00
16-Dec	transfer	1,600.00	0084-7258	1,600.00
16-Sep	transfer	1,550.00	0084-7265	1,550.00
21-Jun	transfer	12,000.00	0084-9001	12,000.00
26-Jun	transfer	5,400.00	0084-9001	5,400.00
27-Jun	transfer	2,200.00	0084-9001	2,200.00
28-Jun	transfer	4,572.00	0084-9001	4,572.00
1-Jul	transfer	1,000.00	0084-9001	1,000.00
2-Jul	transfer	10,000.00	0084-9001	10,000.00
5-Jul	transfer	8,000.00	0084-9001	8,000.00
12-Jul	transfer	185.00	0084-9001	185.00
23-Aug	transfer	2,007.92	0084-9001	2,007.92

23-Aug	transfer	2,700.00	0084-9001	2,700.00
23-Aug	transfer	4,000.00	0084-9001	4,000.00
26-Aug	transfer	1,063.00	0084-9001	1,063.00
26-Aug	transfer	3,500.00	0084-9001	3,500.00
26-Aug	transfer	5,150.95	0084-9001	5,150.95
27-Aug	transfer	10,000.00	0084-9001	10,000.00
30-Aug	transfer	1,934.11	0084-9001	1,934.11
30-Aug	transfer	8,628.73	0084-9001	8,628.73
3-Sep	transfer	4,514.00	0084-9001	4,514.00
3-Sep	transfer	5,000.00	0084-9001	5,000.00
4-Sep	transfer	10,000.00	0084-9001	10,000.00
6-Sep	transfer	3,256.91	0084-9001	3,256.91
6-Sep	transfer	6,900.00	0084-9001	6,900.00
9-Sep	transfer	200.00	0084-9001	200.00
9-Sep	transfer	1,700.00	0084-9001	1,700.00
9-Sep	transfer	1,800.00	0084-9001	1,800.00
9-Sep	transfer	2,000.00	0084-9001	2,000.00
9-Sep	transfer	2,000.00	0084-9001	2,000.00
11-Sep	transfer	1,250.00	0084-9001	1,250.00
13-Sep	transfer	3,000.00	0084-9001	3,000.00
27-Sep	transfer	52,000.00	0084-9001	52,000.00
11-Oct	transfer	5,500.00	0084-9001	5,500.00
18-Oct	transfer	4,000.00	0084-9001	4,000.00
18-Oct	transfer	4,000.00	0084-9001	4,000.00
18-Oct	transfer	25,000.00	0084-9001	25,000.00
22-Oct	transfer	7,000.00	0084-9001	7,000.00
30-Oct	transfer	4,800.00	0084-9001	4,800.00
31-Oct	transfer	22,416.20	0084-9001	22,416.20
1-Nov	transfer	1,500.00	0084-9001	1,500.00
6-Nov	transfer	1,500.00	0084-9001	1,500.00
12-Nov	transfer	10,000.00	0084-9001	10,000.00
12-Nov	transfer	1,241.32	0084-9001	1,241.32
12-Nov	transfer	1,241.62	0084-9001	1,241.62
14-Nov	transfer	5,000.00	0084-9001	5,000.00
15-Nov	transfer	7,000.00	0084-9001	7,000.00
19-Nov	transfer	12,000.00	0084-9001	12,000.00
20-Nov	transfer	4,000.00	0084-9001	4,000.00
27-Nov	transfer	85,000.00	0084-9001	85,000.00
29-Nov	transfer	5,000.00	0084-9001	5,000.00
29-Nov	transfer	35,000.00	0084-9001	35,000.00

10-Dec	transfer	33,000.00	0084-9001	33,000.00
11-Dec	transfer	5,200.00	0084-9001	5,200.00
12-Dec	transfer	10,000.00	0084-9001	10,000.00
18-Dec	transfer	1,000.00	0084-9001	1,000.00
24-Dec	transfer	8,000.00	0084-9001	8,000.00
27-Dec	transfer	13,000.00	0084-9001	13,000.00
15-Oct	transfer	2,500.00	0084-9034	2,500.00
16-Oct	transfer	1,300.00	0084-9034	1,300.00
26-Nov	transfer	3,000.00	0084-9034	3,000.00
27-Nov	transfer	2,400.00	0084-9034	2,400.00
30-Oct	transfer	1,000.00	0084-9298	1,000.00
1-Nov	transfer	500.00	0084-9298	500.00
27-Nov	transfer	660.00	0084-9298	660.00
27-Nov	transfer	6,000.00	0084-9298	6,000.00
2-Dec	transfer	9,815.00	0084-9298	9,815.00
18-Dec	transfer	2,300.00	0084-9298	2,300.00
			Trans Out	796,401.76

Transfer Into Personal				
18-Oct	transfer	10,000.00	1565-0084	10,000.00
25-Oct	transfer	3,000.00	1565-0084	3,000.00
10-Dec	transfer	33,000.00	1565-0084	33,000.00
23-Dec	transfer-payroll employee	900.00	1857-0084	900.00
17-Oct	transfer	1,400.00	3143-0084	1,400.00
29-Nov	transfer	34,500.00	3143-0084	34,500.00
17-Sep	transfer	12,000.00	7258-0084	12,000.00
5-Nov	transfer	1,500.00	7258-0084	1,500.00
3/5/25	Payment for Fridge	477.00	9001-0084	477.00
3/26/25	refund for collective computer refund- apple	3,900.00	9001-0084	3,900.00
17-Jul	computer	4,000.00	9001-0084	4,000.00
29-Apr	website payment	1,500.00	9001-0084	1,500.00
13-Aug	Transfer-Jalen flight	555.96	9001-0084	555.96
19-Aug	transfer	2,500.00	9001-0084	2,500.00
27-Aug	transfer	4,500.00	9001-0084	4,500.00
29-Aug	transfer	1,113.15	9001-0084	1,113.15
5-Sep	transfer	2,500.00	9001-0084	2,500.00
18-Oct	transfer	4,000.00	9001-0084	4,000.00
22-Oct	transfer	1,000.00	9001-0084	1,000.00
23-Oct	transfer	3,000.00	9001-0084	3,000.00
25-Oct	transfer	9,000.00	9001-0084	9,000.00

4-Nov	transfer	5,000.00	9001-0084	5,000.00
5-Nov	transfer	1,500.00	9001-0084	1,500.00
8-Nov	transfer	3,000.00	9001-0084	3,000.00
21-Nov	transfer	1,500.00	9001-0084	1,500.00
27-Nov	transfer	2,000.00	9001-0084	2,000.00
27-Nov	transfer	7,000.00	9001-0084	7,000.00
2-Dec	transfer	10,000.00	9001-0084	10,000.00
2-Dec	transfer	12,000.00	9001-0084	12,000.00
6-Dec	transfer	901.65	9001-0084	901.65
6-Dec	transfer	5,000.00	9001-0084	5,000.00
6-Dec	transfer	51,000.00	9001-0084	51,000.00
9-Dec	transfer	2,000.00	9001-0084	2,000.00
11-Dec	transfer	13,500.00	9001-0084	13,500.00
16-Dec	transfer	8,000.00	9001-0084	8,000.00
20-Dec	transfer	2,600.00	9001-0084	2,600.00
20-Dec	transfer	26,000.00	9001-0084	26,000.00
23-Dec	employee payroll - transfer	1,000.00	9001-0084	1,000.00
23-Dec	transfer-employee payroll	1,016.31	9001-0084	1,016.31
24-Dec	transfer	1,500.00	9001-0084	1,500.00
18-Oct	transfer	4,000.00	9034-0084	4,000.00
21-Oct	transfer	12,500.00	9034-0084	12,500.00
22-Nov	transfer	25,000.00	9034-0084	25,000.00
25-Nov	transfer	10,000.00	9034-0084	10,000.00
11-Dec	transfer	11,600.00	9034-0084	11,600.00
25-Oct	transfer	8,000.00	9298-0084	8,000.00
Total Transfer into Personal				359,964.07

Recap for CY 2024

Funds Into Personal

Stripe Dollars into 0084	500,734.17
Transfers into 0084	359,964.07
Sub Total Funds in from Jill's Office	<u>860,698.24</u>

Funds Out of Personal

Transfers from 0084	796,401.76
Expenses Paid by 0084	<u>167,718.08</u>

Total funds from 0084	964,119.84
Excess Funds Out of Personal	-103,421.60
Personal Funds injected to cover excess out	
Brant & Autumn Personal Ln 9/25/24	79,056.00
Brant & Autumn Personal Ln 11/27/24	<u>59,902.45</u>
Sub Total Funds in from Personal Lns	138,958.45

Schedule #2

Short Period from First of 2025

Glacier 0084/ Zions 4589/ AFCU 6891 Calendar YR 25				Revenue	
Bank Acct	Date	Description	Amount	To Bnk Accnt	Amount
Glacier					
0084	2-Jan	Stripe	905.63	0084	905.63
Glacier					
0084	2-Jan	Stripe	816.14	0084	816.14
Glacier					
0084	2-Jan	Stripe	8,278.23	0084	8,278.23
Glacier					
0084	3-Jan	stripe	5,000.00	0084	5,000.00
Glacier					
0084	3-Jan	stripe	5,000.00	0084	5,000.00
Glacier					
0084	6-Jan	stripe	7,387.15	0084	7,387.15
Glacier					
0084	8-Jan	stripe	583.63	0084	583.63
Glacier					
0084	8-Jan	stripe	4,781.24	0084	4,781.24

Glacier						
0084	9-Jan	stripe	966.58		0084	966.58
Glacier						
0084	14-Jan	stripe	3,000.00		0084	3,000.00
Glacier		Stripe				
0084	2025	Collective	42,122.86		0084	42,122.86
					Total Rev	78,841.46

Equity Analysis

Glacier 0084/ Zions 4589/ AFCU 6891

Calendar YR 25

Bank Acct	Date	Description	Amount	Expenses	
				From Bnk Acnt	Amount
Expenses Paid					

Glacier					
0084	2-Jan	employee payroll	1309.05	0084	1,309.05
Glacier					
0084	2-Jan	employee payroll	2,034.48	0084	2,034.48
Glacier					
0084	2-Jan	employee payroll	2,299.58	0084	2,299.58
Glacier					
0084	3-Jan	employee payroll	1,178.26	0084	1,178.26
Glacier					
0084	6-Jan	employee payroll	1,471.89	0084	1,471.89
Glacier					
0084	6-Jan	employee payroll	1,658.83	0084	1,658.83
Glacier					
0084	6-Jan	employee payroll	1,225.03	0084	1,225.03
Glacier		employee perk - museum			
0084	6-Jan	of ice cream	738.30	0084	738.30
Glacier					
0084	7-Jan	Ngrok,	80.00	0084	80.00
Glacier					
0084	7-Jan	Ngrok	90.00	0084	90.00
Glacier					
0084	7-Jan	employee payroll	1,102.03	0084	1,102.03

Glacier						
0084	9-Jan	employee payroll	1,074.78	0084	1,074.78	
Glacier						
0084	9-Jan	employee payroll	1,026.31	0084	1,026.31	
Glacier						
0084	14-Jan	employee payroll	1,601.2	0084	1,601.20	
Glacier						
0084	14-Jan	employee payroll	1,438.54	0084	1,438.54	
Glacier						
0084	16-Jan	employee payroll	187.65	0084	187.65	
Zions						
4589	16-Jan	sentry	370.1	4589	370.10	
Zions						
4589	16-Jan	slack	102.34	4589	102.34	
Zions						
4589	17-Jan	go high level	100.00	4589	100.00	
Zions						
4589	21-Jan	sleek plan	15.00	4589	15.00	
Zions						
4589	22-Jan	employee payroll	2,500.00	4589	2,500.00	
Zions						
4589	22-Jan	go high level	482.16	4589	482.16	
Zions						
4589	23-Jan	dart capital	55,000.00	4589	55,000.00	
Zions						
4589	24-Jan	employee payroll	1,704.95	4589	1,704.95	
Zions						
4589	31-Jan	payment to Highland	9,000.00	6891	9,000.00	
AFCU						
6891	3-Feb	efile	4.75	6891	4.75	
AFCU						
6891	8-Feb	ngrock	80.00	6891	80.00	
AFCU						
6891	8-Feb	ngrock	90.00	6891	90.00	
AFCU						
6891	10-Feb	efile	25.40	6891	25.40	
AFCU						
6891	10-Feb	employee payroll	1,674.1	6891	1,674.10	
AFCU						
6891	10-Feb	employee payroll	1,704.95	6891	1,704.95	
AFCU						
6891	10-Feb	cash app - cap assit	2,000.00	6891	2,000.00	
AFCU						
6891	10-Feb	employee payroll	2,908.46	6891	2,908.46	

AFCU						
6891	12-Feb	efile	15.90	6891	15.90	
AFCU						
6891	12-Feb	payment to epsine	10,000.00	6891	10,000.00	
AFCU						
6891	14-Feb	payment to fundbox	1,000.00	6891	1,000.00	
AFCU						
6891	19-Feb	payment to PMF	6,500.00	6891	6,500.00	
AFCU						
6891	19-Feb	employee payroll	1,065.19	6891	1,065.19	
AFCU						
6891	28-Feb	employee payroll	1,684.00	6891	1,684.00	
AFCU						
6891	10-Mar	employee payroll	1,764.10	6891	1,764.10	
AFCU						
6891	12-Mar	dial pad	796.45	6891	796.45	
AFCU						
6891	13-Mar	office max	568.38	6891	568.38	
AFCU						
6891	11-Mar	mark rose	425.00	6891	425.00	
AFCU						
6891	22-Mar	employee payroll	1,674.40	6891	1,674.40	
AFCU						
6891	4-Apr	netlify	101.88	6891	101.88	
AFCU						
6891	5-Apr	ubi cloud	3.14	6891	3.14	
AFCU						
6891	7-Apr	google cloud	53.42	6891	53.42	
AFCU						
6891	3-Jan	zelle - cap assit payment	2,000.00	6981	2,000.00	
AFCU						
6891	3-Feb	loan payment	6,000.00	6981	6,000.00	
AFCU						
6891	5-Feb	employee payroll	1,166.91	6981	1,166.91	
AFCU						
6891	6-Feb	cash app - cap assit	1,000.00	6981	1,000.00	
AFCU						
6891	6-Feb	cash app - cap assit	1,000.00	6981	1,000.00	
AFCU						
6891	7-Feb	employee payroll	723.96	6981	723.96	
AFCU						
6891	7-Feb	cash app - cap assit	1,000.00	6981	1,000.00	
AFCU						
6891	8-Feb	efile	4.75	6981	4.75	

**Total
Expenses Paid**

134,825.62

***Transfers to and from
personal accounts***

Glacier 0084/ Zions 4589/ AFCU 6891

Calendar YR 25

Bank Acct	Date	Description	Amount	Transfers	
				From-To Bnk Accnt	Amount
Transfer Into Personal					
Glacier					
0084	2-Jan	transfer	5,000.00	9034-0084	5,000.00
Glacier					
0084	6-Jan	transfer	1,000.00	3143-0084	1,000.00
Glacier					
0084	6-Jan	Transfer	2,500.00	9298-0084	2,500.00
Glacier					
0084	9-Jan	transfer	389.00	9298-0084	389.00
Glacier					
0084	16-Jan	transfer	2,257.00	9034-0084	2,257.00
Zions 4589	15-Jan	transfer	1,200.00	9251-4589	1,200.00
Zions 4589	15-Jan	transfer	1,000.00	2977-4589	1,000.00
Zions 4589	21-Jan	transfer	1,250.00	2951-4589	1,250.00
Zions 4589	21-Jan	transfer	1,500.00	2951-4589	1,500.00
Zions 4589	21-Jan	transfer	1,000.00	2951-4589	1,000.00
Zions 4589	23-Jan	transfer	1,500.00	2951-4589	1,500.00
Zions 4589	23-Jan	transfer	1,000.00	2951-4589	1,000.00
Zions 4589	24-Jan	transfer	1,500.00	2951-4589	1,500.00
AFCU 6891	10-Mar	transfer	769.45	9574-6891	769.45
AFCU 6891	13-Mar	transfer	450.00	9574-6891	450.00
AFCU 6891	13-Mar	transfer	568.38	9574-6891	568.38
AFCU 6891	22-Mar	transfer	1,674.40	9574-6891	1,674.40
Total Transfers Into Personal					
24,558.23					
Transfers Out of Personal					
Glacier					
0084	2-Jan	transfer	7,249.00	0084-9298	7,249.00
Glacier					
0084	2-Jan	transfer	10,000.00	0084-9034	10,000.00

Glacier					
0084	3-Jan	transfer	6,021.00	0084-3143	6,021.00
Glacier					
0084	6-Jan	Transfer	2,556.00	0084-9298	2,556.00
Zions 4589	1-Jan	transfer	50.00	4589-2951	50.00
Zions 4589	1-Jan	transfer	50.00	4589-2969	50.00
Zions 4589	1-Jan	transfer	50.00	4589-2977	50.00
Zions 4589	17-Jan	transfer	1,500.00	4589-2951	1,500.00
Zions 4589	23-Jan	transfer	2,700.00	4589-2951	2,700.00
Total transfers Out					30,176.00

Recap of Short Period 2025

Funds in

Strip Jills	78,841.46
Transfers In Jills	<u>24,558.23</u>
Net Funds In Jills	103,399.69

Funds Out

Expenses for Jill	134,825.62
Transfers Out jills	<u>30,176.00</u>
Net Funds Out Jill	165,001.62

Excess Funds Out

-61,601.93

Personal Funds Added to Cover Excess Out

Brant and Autumn (401 K)	<u>42,000.00</u>
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Schedule #3

Transfers in and out and expenses paid by Glacier Account 1857 a personal account of members.

Glacier 1857 - in's and outs of Personal Accounts

Calendar YR 24

Glacier 1857			Transfers	
Date	Description	Amount	Acct To/From	Amount

Transfers Out of Personal

Sep-24 Transfer	19,000.00	1857-1565	19,000.00
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23-Sep	Transfer	1,300.00	1857-9001	1,300.00
23-Sep	Transfer	11,000.00	1857-9001	11,000.00
23-Sep	Transfer	161,000.00	1857-9001	161,000.00
25-Oct	Transfer	24,000.00	1857-7258	24,000.00
6-Nov	Transfer	20,217.63	1857-7258	20,217.63
7-Nov	Transfer	5,400.00	1857-9298	5,400.00
6-Dec	Transfer	1,499.00	1857-3134	1,499.00
6-Dec	Transfer	2,064.00	1857-9034	2,064.00
6-Dec	Transfer	10,346.50	1857-9298	10,346.50
9-Dec	Transfer	420.00	1857-1565	420.00
9-Dec	Transfer	1,000.00	1857-3134	1,000.00
9-Dec	Transfer	1,200.00	1857-3134	1,200.00
20-Dec	Transfer	22,700.00	1857-1565	22,700.00
23-Dec	Transfer	5,400.00	1857-9001	5,400.00
23-Dec	Transfer	5,433.00	1857-9001	5,433.00
23-Dec	Transfer	18,600.00	1857-9001	18,600.00
23-Dec	Transfer	24,000.00	1857-9001	24,000.00
23-Dec	Transfer	24,000.00	1857-9001	24,000.00
23-Dec	Transfer	57,000.00	1857-9001	57,000.00
			Total out	415,580.13

Transfer Into Personal

23-Sep	Transfer	400.00	7258-1857	400.00
23-Sep	Transfer	36,000.00	7258-1857	36,000.00
23-Sep	Transfer	20,000.00	9001-1857	20,000.00
23-Sep	Transfer	123,500.00	1565-1857	123,500.00
23-Sep	Transfer	3,000.00	9034-1857	3,000.00
30-Sep	Transfer	10,000.00	3134-1857	10,000.00
25-Oct	Transfer	29,000.00	9001-1857	29,000.00
5-Nov	Transfer	8,000.00	7258-1857	8,000.00
6-Nov	Transfer	12,196.02	9001-1856	12,196.02
6-Nov	Transfer	8,000.00	9001-1857	8,000.00
7-Nov	Transfer	5,400.00	7258-1857	5,400.00
6-Dec	Transfer	15,000.00	9001-1856	15,000.00
9-Dec	Transfer	1,500.00	9001-1857	1,500.00
20-Dec	Transfer	50.00	9001-1857	50.00
20-Dec	Transfer	14,300.00	9001-1857	14,300.00
20-Dec	Transfer	81,974.00	1565-1857	81,974.00
20-Dec	Transfer	40.00	9034-1857	40.00
23-Dec	Transfer	24,000.00	9001-1857	24,000.00

23-Dec	Transfer	24,000.00	9001-1857	24,000.00
23-Dec	Transfer	5,400.00	1565-1857	5,400.00
Total Trans In				421,760.02

Date	Description	Amount	Expense Paid	
25-Oct	Capital One	5,000.00	1857	5,000.00
Total Expense				5,000.00

Recap of funds in and out of personal account 1857

Funds In

Stripe Dollars into 1857	0.00
Transfers into 1857	<u>421,760.02</u>
Sub Total Funds in from Jill's Office	<u>421,760.02</u>

Funds Out

Transfers from 1857	415,580.13
Expenses Paid by 1857	5,000.00
Total funds from 1857	<u>420,580.13</u>

Excess Funds In	1,179.89
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Schedule #4

Combined Schedule of both calendar year 2024 and the short Period 2025 for all personal accounts

Recap of Funds To and From Personal Bank Accounts

	Glacier 0084	Short Period 2025	Glacier 1575
Funds In			
Stripe Dollars into Personal	500,734.17	78,841.46	0.00
Transfers into Personal	359,964.07	24,558.20	421,760.02
Sub Total Funds In Personal Account	860,698.24	103,399.66	421,760.02
Funds Out			
Transfers from Personal	796,401.76	30,176.00	415,580.13
Expenses Paid by Personal	167,718.08	134,825.62	5,000.00
Total funds from Personal	964,119.84	165,001.62	420,580.13
Net Funds Jill Funds / into (out of)	-103,421.60	-61,601.96	1,179.89
Personal Funds injected to cover excess out			
Brant & Autumn Personal Ln 9/25/24	79,056.00	0.00	0.00
Brant & Autumn Personal Ln 11/27/24	59,902.45	0.00	0.00
Brant & Autumn 401 k Funds	0.00	42,000.00	0.00
	138,958.45	42,000.00	0.00